

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717689

1. Entity Name

AMERICAN KIDNEY FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

314 VENETIAN DRIVE
CLEARWATER FL 33755
US

P.O. BOX 2235
CLEARWATER FL 33757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7049615

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCHER, JOHN
314 VENETIAN DRIVE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME ARCHER, JOHN
STREET ADDRESS 314 VENETIAN DRIVE
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VD ☐ Delete
NAME LOWNDS, RALPH
STREET ADDRESS 410 VENETIAN DRIVE
CITY-ST-ZIP CLWTR FL 34615

TITLE D ☐ Delete
NAME ANDERSON, REGINA
STREET ADDRESS 4920 LOCUST NE # 112
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Archer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

727-420-3158

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 050 ****61.25

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DO NOT WRITE IN THIS SPACE

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