

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719672

1. Entity Name

THE BASIC FOUNDATION INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90128 048 \*\*\*\*61.25

Principal Place of Business

6251 44TH ST. N.  
SUITE 3  
PINELLAS PARK FL 33781  
US

Mailing Address

P.O. BOX 47012  
P.O. BOX 47012  
ST. PETERSBURG FL 21209-1422  
US

2. Principal Place of Business

6813 MAURLEEN RD  
Suite, Apt. #, etc.

3. Mailing Address

6813 MAURLEEN RD  
Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Baltimore, MD

4. FEI Number

59-1350759

Applied For

Not Applicable

Zip

21209

Country

Zip

21209

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, PAUL  
7970 GARDEN DR. N.  
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name Robert Jones RA

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

6500 Central Avenue

City

St. Petersburg

FL

Zip Code

33707

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

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

ROBERT J. JONES

04/04/00

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, PAUL 7970 GARDEN DR, N ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEISLER, MICHAEL 8242 BUCKS PK LN W POTOMAC MD	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, MICHAEL 5100 CENTRAL AVE. ST. PETERBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Golberg, Paul 6813 MAURLEEN RD Baltimore, MD 21209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael Phillips  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)