2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 08:00 AM
Secretary of State

DOCUMENT # 745289

1. Entity Name
THE DOVE FOUNDATION, INC.

Principal Place of Business	Mailing Address
7349 ULMERTON RD. #294 LARGO FL 34641	7349 ULMERTON RD. #294 LARGO FL 34641

2. Principal Place of Business	3. Mailing Address
7349 ULMERTON RD.	7349 ULMERTON RD.
Suite, Apt. #, etc.: #294	Suite, Apt. #, etc.: #294
City & State: LARGO FL	City & State: LARGO FL
Zip: 33771 Country: US	Zip: 33771 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1874855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOZAN, EILEEN H. 7349- ULMERTON ROAD #294 LARGO FL 34641 US	Name: KOZAN, EILEEN H. Street Address (P.O. Box Number is Not Acceptable): 7349- ULMERTON ROAD #294 City: LARGO FL Zip Code: 33771

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 _____ 03/19/2001
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LA VELLE MARJORIE 2978 164TH AVENUE NORTH CLEARWATER FL 33760	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOZAN EILEEN H 7349 ULMERTON RD. #294 LARGO FL 34641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOZAN EILEEN H 7349 ULMERTON RD. #294 LARGO FL 33771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUFFNER ANDRE B 2405 IDYLLIC TERRACE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LACROIX JUDY B 64 BRICKYARD ROAD EXT. SOUTHAMPTON MA 01073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUFFNER MARK D 205 56TH AVE S ST PETERSBURG FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NIX RICK VD 518 THOMPSON #105 SAGINAW MI 48607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Eileen H. Kozan PD 03/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #