

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90272 037 \*\*\*150.00

1190786 AV

DOCUMENT # **F02000003514**

1. Entity Name  
**UNIVERSAL FOUNDATION FOR BETTER LIVING, INC.**



Principal Place of Business  
**21310 N.W. 37TH AVE  
CAROL CITY FL 33056**

Mailing Address  
**21310 N.W. 37TH AVE  
CAROL CITY FL 33056**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7373945**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TUMPKIN, MARY A REV  
21310 N.W. 37TH AVE  
CAROL CITY FL 33056~~

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **CP**  
STREET ADDRESS **TUMPKIN, MARY A REV**  
CITY-ST-ZIP **21310 N.W. 37TH AVE  
CAROL CITY FL 33056**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VCVP**  
STREET ADDRESS **GINDRAW, FRANK JR**  
CITY-ST-ZIP **1850 BELMORE AVENUE  
EAST CLEVELAND OH 44112**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D.**  
STREET ADDRESS **LOCKHART, DENISE**  
CITY-ST-ZIP **5401-76TH STREET  
MILWAUKEE WI 53218**

TITLE  Change  Addition  
NAME **J.E. SAFFOLD - 2-VP**  
STREET ADDRESS **4303 Rilea Way 1**  
CITY-ST-ZIP **Oakland, CA 94605**

TITLE  Delete  
NAME **D**  
STREET ADDRESS **DASHLEY, DEANNA**  
CITY-ST-ZIP **175 COLLEGE STREET 3RD FL  
TORONTO ONTARIO M5T1P7**

TITLE  Change  Addition  
NAME **Charles Taylor - Director**  
STREET ADDRESS **21310 NW 37 Ave**  
CITY-ST-ZIP **Miami, FL 33056**

TITLE  Delete  
NAME **S**  
STREET ADDRESS **GREEN, PHYLLIS REV**  
CITY-ST-ZIP **3 WORTHINGTON AVE TOWNHOUSE #1  
KINGSTON JAMAICA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **WALTER ROBINSON**  
STREET ADDRESS **Treasurer**  
CITY-ST-ZIP **11901 S. Ashland Ave  
Chicago IL 60643-5434**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Mary A. Tumpkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 305-624-4991  
Date Daytime Phone #

CR2E034 (10/02)