

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001381

1. Entity Name

LITTLE PEOPLE'S RESEARCH FUND, INC.

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90010 036 ****70.00

0091660

Principal Place of Business

Mailing Address

80 SISTER PIERRE DRIVE
TOWSON MD 21204

80 SISTER PIERRE DRIVE
TOWSON MD 21204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1195574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHAFER, VONNIE
7980 ABERDEEN CIRCLE
LARGO FL 34649

Name

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

City

FL 33773-1618

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCLEWEE, CHARLES E
12 SANFORD AVENUE
CATONSVILLE MD 21228

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
GREEN, BLUETT
3205 WELLINGTON WAY
BALDWIN MD 21013

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MIKESSELL, DONALD W
902 JAMIESON ROAD
BALTIMORE MD 21093

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DUGOFF, DAVID A
3305 SHIRLEY LANE
CHEVY CHASE MD 20815

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOPITS, STEVEN E DR
5212 ST. ALBANS WAY
BALTIMORE MD 21212

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
APPLEFIELD, FLORAINE
111 HAMLET HILL ROAD, APT. 1112
BALTIMORE MD 21210

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:

Charles E. McLeewee

CHARLES E. MCLEWEE, CHAIRMAN

410 494-0055

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)