

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90083 049 \*\*\*\*70.00

**DOCUMENT # F95000001381**

1. Entity Name

**LITTLE PEOPLE'S RESEARCH FUND, INC.**



Principal Place of Business

**80 SISTER PIERRE DRIVE  
TOWSON MD 21204**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **52-1195574**

Applied For  
Not Applicable

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

**SCHAFER, VONNIE**

~~7900 ABERDEEN CIRCLE  
LARGO FL 34643~~

Name

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

**329 - 12TH AVENUE**

City

**INDIAN ROCKS BEACH**

**FL**

Zip Code  
**33785**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **DENISON, ROBERT K**  
STREET ADDRESS **34 STONE MANOR COURT**  
CITY-ST-ZIP **TOWSON, MD 21204**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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. McLeewe* **CHARLES E. MCLEWEE, CHAIRMAN**

**(410) 494-0055**

CR2E037 (10/02)