

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000638

1. Entity Name

THE BASENJI HEALTH ENDOWMENT, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90067 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7800 NW 14TH ST.  
OCALA FL 34482-4448

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OCALA FL 34482-4448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3814602

Applied For

Not Applied For

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

GRUNDMAN, MARGARET B  
7800 NW 14TH ST  
OCALA FL 34482-4448

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.

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 P  
NAME GREENLEE, MARGARET  
STREET ADDRESS 9000 SW 19TH AVE RD  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE D  
NAME SCHREIBER, KARLA  
STREET ADDRESS 15 N. WHEELING Rd  
CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 ☐ Change ☒ Addition

TITLE V  
NAME PAYSINGER, ANDREA  
STREET ADDRESS 45800 CHALLENGER WAY #239  
CITY-ST-ZIP LANCASTER CA ☐ Delete

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

TITLE S  
NAME GRAVES, ANNE  
STREET ADDRESS 5102 DARNELL  
CITY-ST-ZIP HOUSTON TX ☐ Delete

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

TITLE T  
NAME GRUNDMAN, MARGARET  
STREET ADDRESS 7800 NW 14TH ST  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE D  
NAME BOLTE, DAMARA  
STREET ADDRESS 41674 BROWNS FARM LANE  
CITY-ST-ZIP LEESBURG VA ☐ Delete

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

TITLE D  
NAME CARTER, STAN  
STREET ADDRESS 611 ROUNDSTONE DR  
CITY-ST-ZIP ST CHARLES MO ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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)(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: MARGARET B. GRUNDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-20-00 Daytime Phone # 352-854-7144