

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000638

1. Entity Name

THE BASENJI HEALTH ENDOWMENT, INC.

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90132 050 \*\*\*\*61.25

Principal Place of Business

7800 NW 14TH ST.  
OCALA FL 34482-4448

Mailing Address

7800 NW 14TH ST.  
OCALA FL 34482-4448

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

36-3814602

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

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

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

TITLE V ☐ Delete  
NAME WUORNOS, SALLY  
STREET ADDRESS 32051 VIRGO ST  
CITY-ST-ZIP NORTH BRANCH MN 55056

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

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

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

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

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

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

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

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

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: MARGARET B. GRUNDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
2-8-02 352-854-7144  
Date Daytime Phone #

CR2E037 (9/01)