

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90095 019 ****61.25

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DOCUMENT # N00000001550

1. Entity Name

THE LOVE FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**3822 SANTIAGO ST
 TAMPA FL 33629**

**3822 SANTIAGO ST
 TAMPA FL 33629**

H0055332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3639451

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

**BECKER, HAROLD W
 3822 SANTIAGO ST
 TAMPA FL 33629**

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	PD	<input type="checkbox"/> Delete
NAME	BECKER, HAROLD W	
STREET ADDRESS	3822 SANTIAGO ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLTZ, JOHN T	
STREET ADDRESS	3822 SANTIAGO ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSSELL, COLETTE A	
STREET ADDRESS	2918 WILDTREE DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: *SIGNATURE REQUIRED*

5-1-01 813-6359779