

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001550

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

Entity Name: THE LOVE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

3822 SANTIAGO ST  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3822 SANTIAGO ST  
TAMPA, FL 33629

**New Mailing Address:**

P.O. BOX 10114  
TAMPA, FL 33679

FEI Number: 59-3639451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BECKER, HAROLD W  
Address: 3822 SANTIAGO ST  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: GOLTZ, JOHN T  
Address: 3822 SANTIAGO ST  
City-St-Zip: TAMPA, FL 33629

Title: SD ( ) Delete  
Name: RUSSELL, COLETTE A  
Address: 2918 WILDTREE DR  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: RODRIGUEZ, FRANCINE  
Address: 8649 N. HIMES #223  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD W. BECKER

PD

04/25/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date