

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002516

FILED
Sep 06, 2002
Secretary of State

Entity Name: VASECTOMY SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

903 SWANN AVE.
TAMPA, FL 336062633

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3851
CLEARWATER, FL 337678851

New Mailing Address:

P.O. BOX 13817
TAMPA, FL 336813817

FEI Number: 59-3640544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROOT, HARRY H III
903 SWANN AVE.
TAMPA, FL 336062633

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: P/D () Delete
Name: STEIN, DOUGLAS G M.D.
Address: 3000 E. FLETCHER AVE., STE. 330
City-St-Zip: TAMPA, FL 336134656

Title: C/D () Delete
Name: PLEASANTS, DONALD A
Address: 5222 S. CRESCENT DR.
City-St-Zip: TAMPA, FL 33611

Title: S/D () Delete
Name: ROOT, HARRY H III
Address: 903 SWANN AVE.
City-St-Zip: TAMPA, FL 336062633

Title: T/D () Delete
Name: MCMILLAN, EARL D CPA
Address: 8428 ANGELA CT.
City-St-Zip: ZEPHYRHILLS, FL 33511

Title: V/D () Delete
Name: NADLER, NAN
Address: 4405 SUMMER OAK DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: EARL D. MCMILLAN

T/D

09/06/2002

Electronic Signature of Signing Officer or Director

Date