

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90023 047 ****61.25

DOCUMENT # N00000002516

1. Entity Name

VASECTOMY SUPPORT FOUNDATION, INC.



Principal Place of Business

Mailing Address

**903 SWANN AVE.
TAMPA FL 33606-2633**

**P.O. BOX 13817
TAMPA FL 33681-3817**

11025904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3640544**

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

**ROOT, HARRY H III
903 SWANN AVE.
TAMPA FL 33606-2633**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D** ☒ Delete
NAME **STEIN, DOUGLAS G M.D.**
STREET ADDRESS **3000 E. FLETCHER AVE., STE. 330**
CITY-ST-ZIP **TAMPA FL 33613-4656**

TITLE **C/D** ☐ Delete
NAME **PLEASANTS, DONALD A**
STREET ADDRESS **5222 S. CRESCENT DR.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S/D** ☐ Delete
NAME **ROOT, HARRY H III**
STREET ADDRESS **903 SWANN AVE.**
CITY-ST-ZIP **TAMPA FL 33606-2633**

TITLE **T/D** ☐ Delete
NAME **MCMILLAN, EARL D CPA**
STREET ADDRESS **8428 ANGELA CT.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33511**

TITLE **V/D** ☒ Delete
NAME **NADLER, NAN**
STREET ADDRESS **4405 SUMMER OAK DR.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/Advisory Board** ☒ Change ☐ Addition
NAME **STEIN, DOUGLAS G M.D.**
STREET ADDRESS **3000 E. Fletcher Ave., STE 330**
CITY-ST-ZIP **TAMPA, FL 33613-4656**

TITLE **Executive Director** ☐ Change ☒ Addition
NAME **Matthew Wessel**
STREET ADDRESS **3011 S. Emerson Street**
CITY-ST-ZIP **Tampa, FL 33629-6521**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Earl D. McMillan, CPA**
STREET ADDRESS **8428 Angela Court**
CITY-ST-ZIP **Zephyrhills, FL 33541-7521**

TITLE **Board Member** ☐ Change ☒ Addition
NAME **Kenny Shultz**
STREET ADDRESS **437 W. 44th Street #4RW**
CITY-ST-ZIP **New York, NY 10036**

TITLE **Board Member** ☐ Change ☒ Addition
NAME **Angelita Rodriguez**
STREET ADDRESS **P.O. Box 949**
CITY-ST-ZIP **Trilby, FL 33593**

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: **Earl D. McMillan** **EARL D. MCMILLAN** **4/27/03 (813) 782-3425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #