

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007203

1. Entity Name

VINCENT REID FOUNDATION, INC.

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90021 039 \*\*\*\*61.25

0054758

Principal Place of Business: 1327 PRESERVATION WAY  
OLDSMAR FL 34677

Mailing Address: 1327 PRESERVATION WAY  
OLDSMAR FL 34677

2. Principal Place of Business: 31560 US Hwy 19 N.  
Suite, Apt. #, etc.

3. Mailing Address: 31560 US Hwy 19 N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State: Palm Harbor, FL

City & State: Palm Harbor, FL

Zip: 34684 Country: USA

Zip: 34684 Country: USA

4. FEI Number: 59-3678461

Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASKIN, HAMDEN H III, PA  
1327 PRESERVATION WAY  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 31560 US Hwy 19 N.

City: Palm Harbor FL Zip Code: 34684

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBANESE, VINCENT	
STREET ADDRESS	1327 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBANESE, BEVERLY	
STREET ADDRESS	1327 PRESERVATION WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, VINCENT	
STREET ADDRESS	6104 WEBLO ROAD #600	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	118 Woodlake Wynde	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6104 Webb Road #600	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Beverly J. Albanese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 (727) 781-2234  
Date Daytime Phone #

CR2E037 (9/01)