

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90282 010 \*\*\*\*70.00

**DOCUMENT # N00000008106**

1. Entity Name

**BAY PINES EDUCATION FOUNDATION, INC.**

Principal Place of Business

**10.000 BAY PINES BLVD.  
 ST. PETERSBURG FL 33708**

Mailing Address

**10.000 BAY PINES BLVD.  
 VAMC 11B  
 ST. PETERSBURG FL 33708**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 4067**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Bay Pines, FL**

Zip

Country

Zip

Country

**33744**

**USA**

4. FEI Number **59-3713075**  
**APPLIED FOR**

Applied For

Not Applicable

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

**DOWLING, RUTH  
 10,000 BAY PINES BLVD.  
 ST. PETERSBURG FL 33708**

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 **D** ☐ Delete  
 NAME **WEAVER, THOMAS H**  
 STREET ADDRESS **P.O. BOX 5005**  
 CITY-ST-ZIP **BAY PINES FL 33744**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **LAW, DAVID**  
 STREET ADDRESS **P.O. BOX 5005**  
 CITY-ST-ZIP **BAY PINES FL 33744**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BENJAMIN, WILLIAM F**  
 STREET ADDRESS **4202 EAST FOWLER AVE.**  
 CITY-ST-ZIP **TAMPA FL 33620**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **EGBERT, DAVID**  
 STREET ADDRESS **100 2ND AVE. NORTH, STE. 311**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MOHANTY, PRAMOD MD**  
 STREET ADDRESS **P.O BOX 5005**  
 CITY-ST-ZIP **BAY PINES FL 33744**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/02 727-398-9306**

CR2E037 (9/01)