

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004498

FILED  
Apr 27, 2003  
Secretary of State

Entity Name: BANKSPAR FOUNDATION, INC.

## Current Principal Place of Business:

18705 CHEMILLE DR  
LUTZ, FL 335585347

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 22012  
TAMPA, FL 336222012

## New Mailing Address:

FEI Number: 65-1115522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BANKS, PATRICIA  
18705 CHEMILLE DR  
LUTZ, FL 335585347

## 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: BANKS, PATRICIA  
Address: 18705 CHEMILLE DR  
City-St-Zip: LUTZ, FL 335585347

Title: VPD ( ) Delete  
Name: KELLY, KEVIN J  
Address: 18705 CHEMILLE DRIVE  
City-St-Zip: LUTZ, FL 335585347

Title: TD ( ) Delete  
Name: MASON, KIRK A  
Address: 18705 CHEMILLE DRIVE  
City-St-Zip: LUTZ, FL 335585347

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition  
Name: HEALY, MARK M  
Address: 18705 CHEMILLE DRIVE  
City-St-Zip: LUTZ, FL 335585347

Title: S ( ) Change (X) Addition  
Name: WIMBLEDON WELLNESS C, ENTER  
Address: 18705 CHEMILLE DRIVE  
City-St-Zip: LUTZ, FL 335585347

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: PATRICIA BANKS

PDT

04/27/2003

Electronic Signature of Signing Officer or Director

Date