SIGNATURE:

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

FILED Jun 09, 2003 8:00 am Secretary of State

 Entity Nan 	ue	# NO2000 BLE FOUNDATION		774					US-14-200:	3 90138	041	61.23	
Principal Place of Business 11373 CORTEZ BLVD SUITE 401 BROOKSVILLE FL 34613			11373	Mailing Address 11373 CORTEZ BLVD SUITE 401 BROOKSVILLE FL 34613				55047040					
2. Principal Place of Business			3. Ma	3. Malling Address									
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.					HECK HERE IF	MAKING	CHANGES		
City & State			C	City & State								oplied For	
Zip	Country		Zip		Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current R				ed Agent	7. Name and Address of New Registered Agent								
GASSMAN, ALÁN S ESQ. 1245 COURT ST., SUITE 102 CLEARWATER FL 33756						Street Addre	ess (F	?O. Box Number is No	ot Acceptable)				
باز		-			-	City		·		FL	Zip Cod	18	
the obligat	Signature, typed	y submits this statement lared agent. or printed name of registered age			Registered	d Agent signature rec	Quired v			DATE	Payable		
				Trust Fund Contribution.				Added to Fees Florida Department of State DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
10.	D	OFFICERS AND D	RECTORS	☐ Delete	11.		A	DDITIONS/CHANGE	S TO OFFICERS		ECTORS IN	10 Addition	
NAME	KERO, SH	IAWKAT		C1 Détate	NAME						clarige	□ Addition	
STREET ADDRESS		RTEZ BLVD., SUITE 4	01		1	ET ADDRESS			•				
DITLE	BROOKS	/ILLE FL 34613				ST-ZiP	<u> </u>				C) Channe	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KERO, SA 11373 CO	NMEER Ortez Blvd., Suite 4 Ville Fl 34613	01	☐ Delete	1	ſ	-				Change		
NAME STREET ADDRESS CITY-ST-ZIP		ARESH PRTEZ BLVD., SUITE 4 ALLE FL 34613	01	Delete			<u>.</u>		Alexander of the second	سعور و جوا	Change -	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Brooker	1 2 34013	<u>-</u>	☐ Delete	TITLE NAME STREE						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		<u> </u>	☐ Delete		TI ADDRESS ST-ZIP			4		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Celete						(Change	☐ Addition	
12. I hereby of indicated of the conchanged.	certify that the on this repor poration or th or on an atta	e information supplied wit t di supplemental report le feceiver or trustee emp coment with an address,	h this filing is true and lowered to with all oth	does not qualify for the accurate and that my execute this eport as er like empty ared.	he exen signatu require	nption stated in ure shall have to ed by Chapter (n Sect the sa 617, I	tion 119.07(3)(i), Flori ime legal effect as if n Florida Statutes; and t	da Statutes, I fur nade under oatl that my name ap	rther certify that I am opears in E	that the in an officer of lock 10 or	formation or director Block 11 If	