

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N19516****1. Entity Name**  
**THE MUSTARD SEED FOUNDATION, INC.****Principal Place of Business**  
2510 CENTRAL AVE  
ST. PETERSBURG FL 33712  
**Mailing Address**  
2510 CENTRAL AVE  
ST. PETERSBURG FL 33712**2. Principal Place of Business**  
**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip Country

**4. FEI Number**  
**59-2781328**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BOWEN SPENCER**  
2510 CENTRAL AVENUEST. PETERSBURG FL  
33712 US**7. Name and Address of New Registered Agent**

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 BETH ESCHENFELDER****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	MD	<input type="checkbox"/> Delete
NAME	GIL BETH	
STREET ADDRESS	2510 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLM ROBERT	
STREET ADDRESS	468 42ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWEN, W. SPENCER	
STREET ADDRESS	7409 BURLINGTON AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLT LISA	
STREET ADDRESS	175 5TH ST., N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	P	<input type="checkbox"/> Delete
NAME	EVERHART GEOFFREY SR	
STREET ADDRESS	2616 1ST AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCINAK, VALORE	
STREET ADDRESS	3520 F MAGNOLIA	
CITY-ST-ZIP	PALM HARBOR FL	

**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 type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VP/T	
STREET ADDRESS	BOZEMAN ANNE	
CITY-ST-ZIP	8411 17TH STREET N	
	ST PETERSBURG FL 33702	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	S	
STREET ADDRESS	CONCHADO LYNN	
CITY-ST-ZIP	7037 SUNSET DRIVE S., #204	
	SOUTH PASADENA FL 33707	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P	
STREET ADDRESS	WALSH THOMAS J	
CITY-ST-ZIP	180 28TH AVENUE N	
	ST PETERSBURG FL 33704	
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)(f), 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: LYNN CONCHADO****S****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)