

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23112

1. Entity Name

WATSON CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

6925 112 CIR N
S103
LARGO FL 33773
US

6925 112 CIR N
S103
LARGO FL 33773
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2857561

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

Name

Dr. Mark Sarno

Street Address (P.O. Box Number is Not Acceptable)

8657 Longwood Drive

City

Largo

FL

Zip Code

33777-1310

TIFFIN, JAY
5 DESOTO PL
BELLEAIR FL 34618

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]

DR. MARK SARNO, TREASURER

3/1/02

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	TD	Delete
NAME	TIFFIN, JAY	(D)
STREET ADDRESS	5 DESOTO PL	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VD	Delete
NAME	WATSON, MURIEL	(D)
STREET ADDRESS	225 COUNTRY CLUB	
CITY-ST-ZIP	LARGO FL	
TITLE	P	Delete
NAME	COMSTOCK, CHRIS	
STREET ADDRESS	1951 MICHIGAN AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	Delete
NAME	SIPLE, RICHARD	
STREET ADDRESS	3 DRUID PL	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/1VC	☐ Change ☒ Addition
NAME	Sarno, Mark Dr.	(D)
STREET ADDRESS	8657 Longwood Drive	
CITY-ST-ZIP	Largo, FL 33777	
TITLE	2VC	☐ Change ☒ Addition
NAME	Follo, Tammy	(D)
STREET ADDRESS	2874 Westcott Drive	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	COB	☐ Change ☒ Addition
NAME	Ames, Stacy	(D)
STREET ADDRESS	100 Second Ave South	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S	☐ Change ☒ Addition
NAME	Lamb, Michael	(D)
STREET ADDRESS	2240 Belleair Rd, Ste 145	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		☐ Change ☐ Addition
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] DR. MARK SARNO, Treas. 3/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-13-2002 90135 010 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)