

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32712

1. Entity Name

FOUNDATION FOR MUSCULOSKELETAL RESEARCH AND EDUC

FILED

50 JAN 19 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% ROY SANDERS  
4175 EAST FOWLER AVE.  
TAMPA FL 33617

% ROY SANDERS  
4175 EAST FOWLER AVE.  
TAMPA FL 33617-2011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2943168

Applied For

Not Applied For

Zip

Country

Zip

Country

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

SANDERS, ROY  
4175 E. FOWLER AVE.  
TAMPA FL 33617

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 PD ☐ Delete  
NAME SPIEGEL, PHILLIP G M.D.  
STREET ADDRESS 4175 E. FOWLER AVE.  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Add  
NAME 300003128333  
STREET ADDRESS -02/08/00--01124--018  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE VD ☐ Delete  
NAME BELSOLE, ROBERT J M.D.  
STREET ADDRESS 4175 E. FOWLER AVE.  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE D ☐ Delete  
NAME WALLING, ARTHUR K M.D.  
STREET ADDRESS 4175 E. FOWLER AVE.  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE VD ☐ Delete  
NAME SANDERS, ROY M.D.  
STREET ADDRESS 4175 E. FOWLER AVE.  
CITY-ST-ZIP TAMPA FL 33617

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1/11/2000

Date

(813) 978-9700

Daytime Phone #