

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33918

1. Entity Name

FOUNDATION FOR QUALITY PUBLIC SERVICE, INCORPORA

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90446 017 \*\*\*\*61.25

0063077

Principal Place of Business

C/O PUBLIC AFFAIRS  
521 OAK AVE.  
CLEARWATER FL 33576-5165  
US

Mailing Address

C/O EMPLOYEE RELATIONS  
315 COURT ST  
CLEARWATER FL 33756  
US

2. Principal Place of Business

3. Mailing Address

c/o Public Affairs

Suite, Apt. #, etc.  
333 Chestnut Street

Suite, Apt. #, etc.  
333 Chestnut Street

City & State  
Clearwater, FL

City & State  
Clearwater, FL

4. FEI Number  
59-2977996

Applied For  
Not Applicable

Zip  
33756-5165

Country  
USA

Zip  
33756-5165

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARROLL, STEPHEN B  
315 COURT STREET  
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code  
33756

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

TITLE  
NAME  
ST  
LENDERMAN, MARTHA  
STREET ADDRESS  
11351 ULMERTON RD, STE 100  
CITY-ST-ZIP  
LARGO FL ☐ Delete

TITLE  
NAME  
PD  
PEACOCK, STEPHEN L.  
STREET ADDRESS  
31622 US 19 N  
CITY-ST-ZIP  
PALM HARBOR FL ☐ Delete

TITLE  
NAME  
VPT  
TOMS, MARIA N.  
STREET ADDRESS  
2465 DREW ST  
CITY-ST-ZIP  
CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
ST  
LENDERMAN, MARTHA  
STREET ADDRESS  
7268 MOFFATT LANE  
CITY-ST-ZIP  
PINELLAS PARK, FL 33781 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
Zip 34684

TITLE  
NAME  
VPT  
TOMS, MARIA N  
STREET ADDRESS  
SPJA TARPON CAMPUS  
CITY-ST-ZIP  
600 KLOSTERMAN ROAD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
PALM HARBOR, FL 34683

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/01 (727) 787 6582

CR2E037 (10/00)