

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N33918

FILED  
Jan 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** FOUNDATION FOR QUALITY PUBLIC SERVICE, INCORPORATED

## Current Principal Place of Business:

C/O PUBLIC AFFAIRS  
333 CHESTNUT STREET  
CLEARWATER, FL 335765165 US

## Current Mailing Address:

C/O PUBLIC AFFAIRS  
333 CHESTNUT STREET  
CLEARWATER, FL 335765165 US

## New Principal Place of Business:

C/O PUBLIC AFFAIRS  
333 CHESTNUT STREET  
CLEARWATER, FL 337565165 US

## New Mailing Address:

C/O PUBLIC AFFAIRS  
333 CHESTNUT STREET  
CLEARWATER, FL 337565165 US

FEI Number: 59-2977996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARROLL, STEPHEN B  
315 COURT STREET  
CLEARWATER, FL 34616 US

## Name and Address of New Registered Agent:

CARROLL, STEPHEN B  
315 COURT STREET  
CLEARWATER, FL 33756 US

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:

01/17/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: LENDERMANN, MARTHA  
Address: 7268 MOFFATT LANE  
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD ( ) Delete  
Name: PEACOCK, STEPHEN L.,  
Address: 31622 US 19 N  
City-St-Zip: PALM HARBOR, FL 34684

Title: VPT ( ) Delete  
Name: TOMS, MARIA N.,  
Address: SPJA TARPON CAMPUS 600 KLOSTERMAN RD  
City-St-Zip: PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: EDMONDS, MARIA N.,  
Address: SPC TARPON CAMPUS 600 KLOSTERMAN RD  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L. PEACOCK

PD

01/17/2002

Electronic Signature of Signing Officer or Director

Date