

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001300

1. Entity Name

THE NATIONAL PERINATAL FOUNDATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90034 006 ****70.00

Principal Place of Business

Mailing Address

3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613
US

3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613-4795
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3172681

Applied For

Not Applicable

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

~~SCIMMERS, JUDY~~

3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613

Name

DELORES F. JEFFERS, RN, MPH

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

9479 N FOREST HILLS PLACE

City

TAMPA

FL

Zip Code

33612

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

Delores F. Jeffers

Delores F. Jeffers

3/27/2000

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 ☐ Delete
NAME D
STREET ADDRESS GRAVEN, STANLEY M
CITY-ST-ZIP 14930 LAKE FOREST DRIVE
TAMPA FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS BEGUIN, EVERETT A, JR
CITY-ST-ZIP 3720 SUGAR HOLLOW
SPRINGFIELD MO 65809

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS BOWEN, FRANK W JR
CITY-ST-ZIP 70 CUMBERLAND DRIVE
BLUFFTON SC 29910

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS MEURER, JEANNE C
CITY-ST-ZIP 3828 RUSSELL BLVD
ST. LOUIS MO 63110

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS HARTLINE, JOHN MD
CITY-ST-ZIP 252 EAST LOVELL STREET SUITE 2230
KALAMAZOO MI

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PERELMAN, ROBERT
CITY-ST-ZIP 316 WENTWORTH CIR
BLOOMINGDALE IL 60108

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 19.07(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:

E. A. BEGUIN, JR.

Date

Daytime Phone #

CR2E037 (9/99)