

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90140 038 ****70.00

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1. Entity Name

THE NATIONAL PERINATAL FOUNDATION, INC.



Principal Place of Business

**3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613
US**

Mailing Address

**1000 E PRIMROSE ST
SUITE 540
SPRINGFIELD MO 65807**

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 **59-3172681**

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

**JEFFERS, DELORES F
5157 STERLING MANOR
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **President / Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **PD** ☒ Delete
NAME **PIZZICA, AL**
STREET ADDRESS **324 SENTRY LANE**
CITY-ST-ZIP **WAYNE PA 19087**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **GAIL WILSON**
STREET ADDRESS **111 W. JACKSON BLVD, SUITE 2200**
CITY-ST-ZIP **CHICAGO, IL 60604**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6495 WHITNEY WOODS**
CITY-ST-ZIP **RICHLAND, MI 49083-9776**

TITLE **SD** ☐ Delete
NAME **GREER, MAUREN**
STREET ADDRESS **40 NORTH RIDGEVIEW DR**
CITY-ST-ZIP **INDIANAPOLIS IN 46219**

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]* **REGULAR BEGUIN, JR. PRES 1/9/03 417-269-7600**

CR2E037 (10/02)