

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001940

1. Entity Name

NPMA FOUNDATION, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-21-2001 90034 021 ****70.00

Principal Place of Business

1108 PINEHURST ROAD
 OAK TREE CENTER
 DUNEDIN FL 34698

Mailing Address

1108 PINEHURST ROAD
 OAK TREE CENTER
 DUNEDIN FL 34698

2. Principal Place of Business

1102 Pinehurst Road

Suite, Apt. #, etc.

3. Mailing Address

1102 Pinehurst Road

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number

59-3203441

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

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

SCHLAG, BONNIE J
 1108 PINEHURST ROAD
 OAK TREE CENTER
 DUNEDIN FL 34698

Name Bonnie J. SchlagStreet Address (P.O. Box Number is Not Acceptable)
1102 PinehurstCity Dunedin

FL

Zip Code
34698

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

Bonnie J. Schlag Bonnie J. Schlag, Executive Director

3/9/01

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	D	☒ Delete
NAME	BACHAR, NONNE	
STREET ADDRESS	920 PANAMA DRIVE	
CITY-ST-ZIP	MODESTO CA 95351	
TITLE	P	☐ Delete
NAME	WILLIAMS, THOMAS G	
STREET ADDRESS	1276 MOULTRIE	
CITY-ST-ZIP	AIKEN SC 29803	
TITLE	D	☒ Delete
NAME	DESALVO, BARBARA A	
STREET ADDRESS	1455 WEST 2ND STREET	
CITY-ST-ZIP	SAN PEDRO CA 90732	
TITLE	S	☒ Delete
NAME	NELSON, SHEILA	
STREET ADDRESS	495 JAVA SR M/S 701	
CITY-ST-ZIP	SUNNYVALE CA 94088-3510	
TITLE	T	☒ Delete
NAME	CARNEVALE, ALBERT J	
STREET ADDRESS	3823 FOX RUN APT. 1331	
CITY-ST-ZIP	BLUE ASH OH 45236	
TITLE	VD	☒ Delete
NAME	MILLEMACE, MARLENE	
STREET ADDRESS	79 ALEXANDER DRIVE MD 4501-2	
CITY-ST-ZIP	DURHAM NC 27709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	Richard B. Olsen	
STREET ADDRESS	1085-812 Tasman Drive	
CITY-ST-ZIP	Sunnyvale CA 94089	
TITLE	D	☒ Change ☐ Addition
NAME	Marcia D. Whitson	
STREET ADDRESS	4137 W. Beaver Creek Drive	
CITY-ST-ZIP	Powell, TN 37849	
TITLE	D	☐ Change ☒ Addition
NAME	Michael L. Hay	
STREET ADDRESS	111 E. 17th Street 8th Floor	
CITY-ST-ZIP	Austin TX 78774	
TITLE	T	☐ Change ☒ Addition
NAME	Thomas Marchitelli	
STREET ADDRESS	21 Farnum Road	
CITY-ST-ZIP	Waltham MA 02453	
TITLE	D	☒ Change ☒ Addition
NAME	Gerardo L. Tomasovsky	
STREET ADDRESS	118 Fern Valley Road	
CITY-ST-ZIP	Brandon MS 39042	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)