

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001940

1. Entity Name

NPMA FOUNDATION, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90285 005 *****70.00

Principal Place of Business
1102 PINEHURST ROAD
DUNEDIN FL 34698

Mailing Address
1102 PINEHURST ROAD
DUNEDIN FL 34698

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

59-3203441

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLAG, BONNIE J
1102 PINEHURST ROAD
DUNEDIN FL 34698

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.

SIGNATURE *Bonnie J. Schlag*
Signature, typed or printed name of registered agent and title if applicable.

Bonnie J. Schlag
(NOTE: Registered Agent signature required when reinstating)

2-18-02
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 NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, RICHARD B 1085-812 TASMAN DRIVE SUNNYVALE CA 94089	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, THOMAS G 1276 MOULTRIE AIKEN SC 29803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, MARCIA D 4137 W BEAVER CREEK DRIVE POWELL TN 37849	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAY, MICHAEL L 111 E 17TH STREET 8TH FLOOR AUSTIN TX 78774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARCHITELLI, THOMAS 21 FARNHAM ROAD WALTHAM MA 02453	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMASOVASKY, GERALD L 118 FERN VALLEY ROAD BRANDON MS 39042	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

THOMAS MARCHITELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Marchitelli

Date

2/18/02

Daytime Phone #

617-287-5067

CR2E037 (9/01)