

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005207

1. Entity Name

PROJECT ACTION FOUNDATION, INC.

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90001 004 ****61.25

Principal Place of Business

Mailing Address

8994 SEMINOLE BLVD.
#7
SEMINOLE FL 34642

P.O. BOX 3420
SEMINOLE FL 34645

A0075646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3276734

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

Name

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

City

FL

Zip Code

GARDEN, JIM
8994 SEMINOLE BLVD.
SUITE 7
SEMINOLE FL 34642

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

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 D ☐ Delete
NAME GRADEN, JIM
STREET ADDRESS 9112 SEMINOLE BLVD.
CITY-ST-ZIP SEMINOLE FL 34642

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

TITLE D ☐ Delete
NAME WALKER, KEVIN
STREET ADDRESS 8561 DENISE DR.
CITY-ST-ZIP SEMINOLE FL 34647

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

TITLE D ☐ Delete
NAME SHOOK, KIMBERLY
STREET ADDRESS 225 COUNTRY CLUB DR. #218
CITY-ST-ZIP LARGO FL 34642

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

TITLE D ☐ Delete
NAME GRADEN, SUSAN
STREET ADDRESS 2249 14TH AVE. S.W.
CITY-ST-ZIP LARGO FL 34646

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

TITLE D ☐ Delete
NAME KILMER, JEANNE
STREET ADDRESS 4212 POINSETTIA DR.
CITY-ST-ZIP ST. PETE BEACH FL 33706

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

TITLE D ☐ Delete
NAME OPPENHEIM, JEFF
STREET ADDRESS 5629 HILLSIDE ST N
CITY-ST-ZIP SEMINOLE FL 34642

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

Donation Required

0/2/01

732-362-5437

CR2E037 (10/00)