

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000006122**

1. Entity Name

THE FOUNDATION FOR PSYCHOANALYSIS, INC.**FILED**
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90029 029 ****61.25

Principal Place of Business

Mailing Address

508 S. HABANA AVENUE
STE. 310
TAMPA FL 33609
US508 S. HABANA AVENUE
STE. 310
TAMPA FL 33609
US

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

65-0543215

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

WEBB, GILSON M
720 WEST BUFFALO AVENUE
TAMPA FL 33614

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

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 **EDGAR, JAMES R**
STREET ADDRESS **508 S. HABANA, SUITE 310**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **FRANCIS, JOHN J**
STREET ADDRESS **P.O. BOX 176 N/A**
CITY-ST-ZIP **LAUREL FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **NAGERA, HUMBERTO**
STREET ADDRESS **3515 E. FLETCHER AVE.**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **WEINER, IRVING B**
STREET ADDRESS **2807 W BUSCH BLVD, #106**
CITY-ST-ZIP **TAMPA FL 33618**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **REESE, ELIZABETH**
STREET ADDRESS **10909 MEMORIAL HWY**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **FERNANDEZ, ROBERT C**
STREET ADDRESS **4830 KENNEDY BLVD, STE. 980**
CITY-ST-ZIP **TAMPA FL**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

(413)288-1564

Daytime Phone #

CR2E037 (10/00)