

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90635 003 ****61.25

DOCUMENT # N94000006122

1. Entity Name

THE FOUNDATION FOR PSYCHOANALYSIS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**4890 W. KENNEDY BLVD.
Suite, Apt. #, etc.
SUITE 990**

**4890 W. KENNEDY BLVD.
Suite, Apt. #, etc.
SUITE 990**

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33609 Country
USA

Zip
33609 Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

**WEBB, GILSON M
720 WEST BUFFALO AVENUE
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **REESE, ELIZABETH**

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

612 W. BAY ST.

City **TAMPA**

FL

Zip Code
33606

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 **X Elizabeth M Reese**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/14/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, JAMES R. 508 S. HABANA, SUITE 310 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCIS, JOHN J P.O. BOX 176 N/A LAUREL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, GILSON 720 W. MARTIN LUTHER KING BLVD TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINER, IRVING B 2807 W BUSCH BLVD, #106 TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REESE, ELIZABETH 10909 MEMORIAL HWY TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, ROBERT C 4890 W. KENNEDY BLVD STE 990 TAMPA FL 33609	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: **X R. Fernandez**

4-10-03 (83)288-1564

CR2E037 (10/02)