

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90307 023 *****61.25

DOCUMENT # N95000004468

1. Entity Name

CARROLLWOOD BPW FOUNDATION, INC.

Principal Place of Business

Mailing Address

**19210 SEEMIST LN.
LUTZ FL 33549****19210 SEEMIST LN.
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

19210 SEAMIST LANE**19210 SEAMIST LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. FEI Number

59-3339545

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAUFMAN, ELAINE
18069 SAILFISH DR.
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name

KAUFMAN, ELAINE

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

19210 SEAMIST LANE

City

LUTZ**FL**

Zip Code

33549

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, ELAINE 18069 SAILFISH DRIVE LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMAI, DIANE 11706 FOREST HILLS DRIVE TAMPA FL 33612	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, MICHELE 5503 PENTAIL CIRCLE TAMPA FL 33625	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCALIA, PAT 5913 TAYWOOD DR TAMPA FL 33624	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, ELAINE 19210 SEAMIST LANE LUTZ FL 33549	<input checked="" 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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**2/21/01**
Date

Daytime Phone # _____

CR2E037 (10/00)