

2000 UNIFORM BUSINESS REPORT (UBR)

5/6

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-06-2000 90217 001 ***122.50

DOCUMENT # N95000005043

1. Entity Name

THE ISPE FOUNDATION, INC.

Principal Place of Business 3816 W. LINEBAUGH AVENUE SUITE 412 TAMPA FL 33624 US	Mailing Address 3816 W. LINEBAUGH AVENUE SUITE 412 TAMPA FL 33624-4900 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3388853	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEST, ROBERT P
3816 WEST LINEBAUGH AVENUE, SUITE 412
TAMPA FL 33624

7. Name and Address of New Registered Agent

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]* DATE: **4-24-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: EO NAME: BUTLER, GREGORY B STREET ADDRESS: 2 STORYBROOK TRAIL CITY-ST-ZIP: KINNELON NJ 07405	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: PRIESTER, RICHARD D STREET ADDRESS: 102 LOKER STREET CITY-ST-ZIP: WAYLAND MA 01778	<input type="checkbox"/> Delete
TITLE: SD NAME: TOMSON, JON STREET ADDRESS: P O BOX 72 CITY-ST-ZIP: IMLAYSTOWN NJ 08526	<input checked="" type="checkbox"/> Delete
TITLE: CEO NAME: BEST, ROBERT P STREET ADDRESS: 4513 DALE AVE. CITY-ST-ZIP: TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: CD NAME: ROTH, JERRY STREET ADDRESS: 15208 Cambridge Terrace Ct. CITY-ST-ZIP: Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VCD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP D NAME: Klein, Susan STREET ADDRESS: 3169 Masters Dr. CITY-ST-ZIP: Clearwater FL 34621	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" 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 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: *[Signature]* DATE: **4-24-00** DAYTIME PHONE #: **(813)960-2105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)