

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

Mailing Address

3816 W. LINEBAUGH AVENUE
SUITE 412
TAMPA FL 33624
US

3816 W. LINEBAUGH AVENUE
SUITE 412
TAMPA FL 33624-4900
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

59-3388853

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

BEST, ROBERT P

3816 WEST LINEBAUGH AVENUE, SUITE 412
TAMPA FL 33624

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

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, JERRY	
STREET ADDRESS	15208 Cambridge Terrace Ct.	
CITY-ST-ZIP	Chesterfield, MO 63017	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Susan	
STREET ADDRESS	3169 Masters Dr.	
CITY-ST-ZIP	Clearwater FL 34621	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-24-00

Date

(813)960-2105

Daytime Phone #

CR2E037 (9/99)