

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90548 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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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 NAME	D ROTH, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	15208 CAMBRIDGE TERRACE CT CHESTERFIELD MO 63017	
TITLE NAME	D PRIESTER, RICHARD D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	102 LOKER STREET WAYLAND MA 01778	
TITLE NAME	STD KLEIN, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3169 MASTERS DR CLEARWATER FL 34621	
TITLE NAME	PD BEST, ROBERT P	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4513 DALE AVE. TAMPA FL 33609	
TITLE NAME	D KRANKING, LARRY W	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12625 WATERMAN DRIVE RALEIGH NC 27614	
TITLE NAME	D STADRIVSKY, WALT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	209 GOLDING COURT HOCKESSIN DE 19707	

TITLE NAME	D Roth, Jerry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	15002 Arbor Reserve Cir, #103 Tampa, FL 33624	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Dowling, Harry W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1040 Salisbury Park Road Coles Point, VA 22442	

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

4/29/02

813 960 2105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

004107