

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001825**

1. Entity Name

THE JAMES A. HALEY VETERANS RESEARCH AND EDUCATION FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**13000 BRUCE B. DOWNS BLVD.
TAMPA FL 33612****13000 BRUCE B. DOWNS BLVD
SUITE 151
TAMPA FL 33612
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

59-3444354

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

**DOWLING, RUTH
10000 BAY PINES BLVD.
BAY PINES FL 33744**

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SILVER, RICHARD A	13000 BRUCE B. DOWNS BLVD.	TAMPA FL 33612						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FARESE, ROBERT V	13000 BRUCE B. DOWNS BLVD.	TAMPA FL 33612						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BOWEN, THOMAS E	13000 BRUCE B. DOWNS BLVD.	TAMPA FL 33612						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ROOT, ALLAN W	801 6TH STREET, SOUTH	ST. PETERSBURG FL 33701						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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: Robert V. Faresse, M.D., Chairperson & President**3/22/02****813-972-7563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0040576

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91173 027 ****70.00



DO NOT WRITE IN THIS SPACE