

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006352

1. Entity Name

LISA MCPHERSON EDUCATIONAL FOUNDATION, INC. ✓

Principal Place of Business

308 S LINCOLN #1
CLEARWATER FL 33756

Mailing Address

308 S LINCOLN #1
CLEARWATER FL 33756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JJC CORPORATE SERVICES OF CENTRAL FLA INC
380 NORTH ORANGE AVENUE SUITE 1100
ORLANDO FL 32801

4. FEI Number

59-3655806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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 D ☐ Delete
NAME SLAUGHTER, BENNETTA
STREET ADDRESS 2433 KENT PLACE
CITY-ST-ZIP CLEARWATER FL 34610

TITLE D ☐ Delete
NAME CHAMBERLAIN, KATIE
STREET ADDRESS 308 S LINCOLN #1
CITY-ST-ZIP CLEARWATER FL 33756

TITLE D ☐ Delete
NAME CLOUDEN, PAT
STREET ADDRESS 11596 94TH STREET NORTH
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Katie Chamberlain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 727 446-7100

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)