

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38218

1. Entity Name

THE FRANK STANLEY BEVERIDGE FOUNDATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90069 015 ****61.25

Principal Place of Business

301 YAMATO ROAD, SUITE 1130
BOCA RATON FL 33431-4929

Mailing Address

301 YAMATO ROAD, SUITE 1130
BOCA RATON FL 33431-4929

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

04-6032164

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

CASWELL, PHILIP
301 YAMATO ROAD, SUITE 1130
BOCA RATON FL 33431-4929

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
STREET ADDRESS
CITY-ST-ZIP

PD
CASWELL, PHILIP
301 YAMATO RD. #1130
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LENHART, CAROLE S.
3610 JOE SANCHEZ RD., W
PLANT CITY FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BARTELT, SARAH CASWELL
23651 TAMPICO BAY, NIGUEL SHORES
DANA POINT CA 92629

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PALMER, JOSEPH BEVERIDGE
192 MIDDLE RD
CENTER SANDWICH NH 03227

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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: X

Philip Caswell, President

X

1/19/2000

561-241-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #