**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 16, 2002 8:00 am Secretary of State P97000027025 DOCUMENT # 1. Entity Name 04-16-2002 90153 025 \*\*\*150.00 PAN AMERICAN UNIVERSITY FOUNDATION, INC. Principal Place of Business Mailing Address 710 1ST AVE SW 710 1ST AVE SW H00087049**LARGO FL 33770 LARGO FL 33770** US 2. Principal Place of Business 11419 Starkey Rd Suite, Apt. #, etc. 3. Mailing Address 2558 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number FL 59-3436172 441 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Aکیں 4 S4 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, DRUCILLA E.P.A. Street Address (P.O. Box Number is Not Acceptable) 830 FOURTH AVE NW LARGO FL 33770-2315 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Ter filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Addition TITLE Delete TITLE Change CARGILL, CAROL J NAME NAME PD 80x 65 14243 JOEL CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO-FL-33774 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.