

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90128 048 ****61.25

DOCUMENT # 719672

1. Entity Name

THE BASIC FOUNDATION INC.

Principal Place of Business

Mailing Address

6251 44TH ST. N.
 SUITE 3
 PINELLAS PARK FL 33781
 US

P.O. BOX 47012
 P.O. BOX 47012
 ST. PETERSBURG FL 21209-1422
 US

2. Principal Place of Business

3. Mailing Address

6813 MAURLEEN RD

6813 MAURLEEN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Baltimore, MD

4. FEI Number

59-1350759

Applied For

Not Applicable

Zip

21209

Country

Zip

21209

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, PAUL
 7970 GARDEN DR. N.
 ST. PETERSBURG FL 33710

Name

Robert Jones RA

Street Address (P.O. Box Number is Not Acceptable)

6500 Central Avenue

City

St. Petersburg

FL

Zip Code

33707

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

Robert J. Jones

ROBERT J. JONES

04/04/00

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 PD Delete
 NAME GOLDBERG, PAUL
 STREET ADDRESS 7970 GARDEN DR, N
 CITY-ST-ZIP ST PETERSBURG FL

TITLE Change Addition
 NAME Goldberg, Paul
 STREET ADDRESS 6813 MAURLEEN RD
 CITY-ST-ZIP Baltimore, MD 21209

TITLE D Delete
 NAME ZEISLER, MICHAEL
 STREET ADDRESS 8242 BUCKS PK LN W
 CITY-ST-ZIP POTOMAC MD

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PHILLIPS, MICHAEL
 STREET ADDRESS 5100 CENTRAL AVE.
 CITY-ST-ZIP ST. PETERBURG FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Michael Phillips
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)