**FILED** 

## -2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am DOCUMENT # 816683 **Secretary of State** 1. Entity Name 03-19-2001 90065 003 \*\*\*\*61.25 PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC. Principal Place of Business Mailing Address 255 CARTER HALL LANE 255 CARTER HALL LANE MILLWOOD VA 22646 MILLWOOD VA 22646 817498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 53-0242962 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. COB ☐ Addition TITLE Delete TITLE Change SANDERS, CHARLES A. NAME NAME STREET ADDRESS EUROPA CENTER, 100 EUROPA DR #170 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHAPEL HILLS NC 27514 CFO DEM TITLE Delete TITLE ☐ Change ■ Addition Jastrzebski, Ted ROBERTSON, JERRY E PHD NAME NAME 255 Carter Hall Lane STREET ADDRESS 10 PARTRIDGE LN. STREET ADDRESS Mil-lwood, VA 22646 CITY-ST-ZIP CITY-ST-ZIP--SAINT PAUL MN 55127 **ACEO** TITLE ☐ Change ☐ Addition TITLE Delete MANCUSO, LESLIE D NAME STREET ADDRESS 255 CARTER HALL LANE STREET ADDRESS MILLWOOD VA 22646 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME HENRY, WILLIAM L. NAME STREET ADDRESS 1229 WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 15228 TITLE ☐ Delete TITLE Change Change ☐ Addition HOLMES, BEN L NAME NAME STREET ADDRESS 1226 Deer Run STREET ADDRESS **80 HUNTERS RIDGE RD** Ketchum, ID 83340 CITY-ST-ZIP CITY-ST-ZIP CONCORD MA 01742 ☐ Addition TITLE ☐ Delete TITLE COLE, EDWARD N NAME NAME STREET ADDRESS **BRIARPATCH RANCH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOCKHART TX 78644

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. changed, or on an attachment with an address