

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

0017244

DOCUMENT # 835115

1. Entity Name

INTERNATIONAL FIELD STUDIES INC.



07-28-2003 90135 044 ****70.00

Principal Place of Business

709 COLLEGE AVE.
CAPITAL UNIVERSITY
COLUMBUS OH 43209-2394
US

Mailing Address

709 COLLEGE AVE.
CAPITAL UNIVERSITY
COLUMBUS OH 43209-2394
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

30 Public Square
Suite, Apt. #, etc.
P.O. Box 428
City & State
Nelsonville Ohio

3. Mailing Address

30 Public Square
Suite, Apt. #, etc.
P.O. Box 428
City & State
Nelsonville Ohio

4. FEI Number 31-0806132

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHL, WALTER B PH.D,
1170 LEE WAGENER BLVD
SUITE 114
FT LAUDERDALE FL 33315

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VT
NAME HUGHES, JAMES II
STREET ADDRESS 270 S. DAWSON AVE.
CITY-ST-ZIP COLUMBUS OH 43209 ☐ Delete

TITLE STT
NAME BLANCHARD, ROSE M
STREET ADDRESS 14 S. VINE ST.
CITY-ST-ZIP WESTERVILLE OH 43081 ☐ Delete

TITLE DT
NAME BOHL, WALTER B.
STREET ADDRESS 174 W. ROYAL FOREST BLVD.
CITY-ST-ZIP COLUMBUS OH 43214 ☐ Delete

TITLE PT
NAME WILLIAM, LUCE
STREET ADDRESS 285 W. SOUTH ST.
CITY-ST-ZIP WORTHINGTON OH 43085 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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: WALTER B BOHL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15, 03 (740) 753-9231

Date Daytime Phone #

CR2E037 (4/03)