

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90276 003 ****61.25

DOCUMENT # F00000000111

1. Entity Name

THE INTERNATIONAL PRECIOUS METALS INSTITUTE, INC



Principal Place of Business

**4400 BAYOU BLVD
SUITE 18
PENSACOLA FL 32503-1908**

Mailing Address

**4400 BAYOU BLVD
SUITE 18
PENSACOLA FL 32503-1908**

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 **06-0952238**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 **PPD** ☒ Delete
NAME **CHRISTIAN, JEFFREY M**
STREET ADDRESS **293 11TH STREET**
CITY-ST-ZIP **BROOKLYN NY 10004**

TITLE **PPD** ☐ Delete
NAME **DURNEY, MARTIN T DR**
STREET ADDRESS **19 DELWOOD DR**
CITY-ST-ZIP **BERLIN NJ 08009**

TITLE **VD** ☐ Delete
NAME **ROBERTS, ANDREW D**
STREET ADDRESS **102 LARGO VISTA**
CITY-ST-ZIP **KEMAH TX 77565**

TITLE **PD** ☐ Delete
NAME **KAYE, ALAN R**
STREET ADDRESS **124 MARK LANE**
CITY-ST-ZIP **ATLANTIC BEACH NY 11509**

TITLE **SD** ☐ Delete
NAME **BEIRNE, KEVIN**
STREET ADDRESS **1167 SYLVAN DR**
CITY-ST-ZIP **TOMS RIVER NJ 08753**

TITLE **D** ☒ Delete
NAME **ANDERSON, CORBY G DR**
STREET ADDRESS **2535 PHILLIPS STREET**
CITY-ST-ZIP **BUTTE MT 59701**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **FRED SAADA**
STREET ADDRESS **15 HONEYSUCKLE LANE**
CITY-ST-ZIP **MATAWAN NJ 07747**

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:

SIGNATURE REQUIRED

[Signature] **850-476-1156**
4/30/03

CR2E037 (10/02)