

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006004

1. Entity Name

THE V FOUNDATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90158 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1201 WALNUT STREET  
2ND FLOOR  
CARY NC 27511

1201 WALNUT STREET  
2ND FLOOR  
CARY NC 27511-4730

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

13-3705951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **KIRTLAND, BEN**  
STREET ADDRESS **1201 WALNUT STREET**  
CITY-ST-ZIP **CARY NC 27511**

TITLE **CEO** ☒ Change ☐ Addition  
NAME **Nicholas Valvano**  
STREET ADDRESS **1201 WALNUT ST**  
CITY-ST-ZIP **CARY NC 27511**

TITLE **CEO** ☐ Delete  
NAME **LLOYD, ROBERT-E**  
STREET ADDRESS **88 ROWLAND WAY**  
CITY-ST-ZIP **NOVATO CA 94945**

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

TITLE **D** ☐ Delete  
NAME **BORNSTEIN, STEVEN M**  
STREET ADDRESS **605 THIRD AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10158**

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

TITLE **TS** ☐ Delete  
NAME **RHOADS, HARRY JR**  
STREET ADDRESS **310 S HENRY ST**  
CITY-ST-ZIP **ALEXANDRIA VA 22314**

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

TITLE **D** ☐ Delete  
NAME **BAST, ROBERT C JR**  
STREET ADDRESS **1515 HOLCOMBE BLVD, BOX 92**  
CITY-ST-ZIP **HOUSTON TX 77030**

TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/99)