

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 018 ****61.25

DOCUMENT # N14615

1. Entity Name

BOOK OF BOOKS FOUNDATION INC.

Principal Place of Business

Mailing Address

5233 ROSEN BLVD
 BOYNTON BEACH FL 33437
 US

5233 ROSEN BLVD
 BOYNTON BEACH FL 33437-1277
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2695140

Applied For

Not Applied For

Zip

Country

Zip

Country

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

CARLSON, FRED SR.
5233 ROSEN BLVD.
BOYNTON BEACH FL 33437

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:
FEF 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	D	<input type="checkbox"/> Delete
NAME	CARLSON, FRED, SR.	
STREET ADDRESS	5233 ROSEN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CARLSON, FRED, JR.	
STREET ADDRESS	10634 RAINBOW DRIVE	
CITY-ST-ZIP	MERRILL WI	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FELTON, BRENT	
STREET ADDRESS	5610 HEVERLY DR W	
CITY-ST-ZIP	PORTAGE MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN RYN, TODD	
STREET ADDRESS	4 TIMBER SPRINGS RD 16 W HINTZ RD	
CITY-ST-ZIP	NEW FAIRFIELD CO ARLINGTON Hts. ILLINOIS 60004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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: *Fred Carlson SR.* **FRUITERED CARLSON SR. 1-25-00** **561 735 0017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #