

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38037

1. Entity Name

RAM FOUNDATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90105 040 ****61.25

Principal Place of Business 1900 SUMMIT TOWER BLVD SUITE #770 ORLANDO FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD SUITE #770 ORLANDO FL 32810-5925
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0194739	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KRAUS, PAUL V 1900 SUMMIT TOWER BLVD SUITE #770 ORLANDO FL 32810			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 _____ (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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFERDAHL, JOHN		NAME		
STREET ADDRESS	1900 SUMMIT TOWER BLVD SUITE #770		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFERDAHL, LYNN		NAME		
STREET ADDRESS	1900 SUMMIT TOWER BLVD SUITE #770		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, PAUL V		NAME		
STREET ADDRESS	1900 SUMMIT TOWER BLVD SUITE #770		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *SPINA* **SIGNATURE REQUIRED** 1/19/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)