

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0013323

**DOCUMENT # N38037**

1. Entity Name  
**RAM FOUNDATION, INC.**

04-07-2002 90570 039 \*\*\*\*61.25

Principal Place of Business <b>1900 SUMMIT TOWER BLVD SUITE #770 ORLANDO FL 32810</b>	Mailing Address <b>1900 SUMMIT TOWER BLVD SUITE #770 ORLANDO FL 32810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>450 SOUTH ORANGE AVENUE</b>	3. Mailing Address <b>450 S. ORANGE AVENUE</b>
Suite, Apt. #, etc. <b>SUITE 250</b>	Suite, Apt. #, etc. <b>SUITE 250</b>
City & State <b>ORLANDO, FLORIDA</b>	City & State <b>ORLANDO, FLORIDA</b>
Zip <b>32801</b>	Country
Country	Zip <b>32801</b>
Country	Country

4. FEI Number <b>65-0194739</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAUS, PAUL V**  
**1900 SUMMIT TOWER BLVD SUITE #770**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 S. ORANGE AVENUE, SUITE 250**

City **ORLANDO** FL Zip Code **32801**

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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>OFFERDAHL, JOHN</b>	
STREET ADDRESS <b>1900 SUMMIT TOWER BLVD SUITE #770</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>	
TITLE <b>VSTD</b>	<input type="checkbox"/> Delete
NAME <b>OFFERDAHL, LYNN</b>	
STREET ADDRESS <b>1900 SUMMIT TOWER BLVD SUITE #770</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>KRAUS, PAUL V</b>	
STREET ADDRESS <b>1900 SUMMIT TOWER BLVD SUITE #770</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

3/29/02

84.384.7614

CR2E037 (9/01)