

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90080 039 ****61.25

DOCUMENT # N38037

1. Entity Name
RAM FOUNDATION, INC.



Principal Place of Business
**450 SOUTH ORANGE AVENUE
SUITE 250
ORLANDO FL 32801**

Mailing Address
**450 SOUTH ORANGE AVENUE
SUITE 250
ORLANDO FL 32801**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1900 Summit Tower Blvd
Suite, Apt. #, etc.
260

3. Mailing Address
1900 Summit Tower Blvd
Suite, Apt. #, etc.
260

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **65-0194739**

Applied For
 Not Applicable

Zip
32810

Country

Zip
32810

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUS, PAUL V
450 S ORANGE AVENUE
SUITE 250
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Paul V Kraus**

Street Address (P.O. Box Number is Not Acceptable)
1900 Summit Tower Blvd

Suite 260

City **Orlando** FL Zip Code **32810**

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 *Paul V. Kraus* DATE **1/31/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Offerdahl, John 1900 Summit Tower Blvd Suite 260 Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Offerdahl, Lynn 1900 Summit Tower Blvd Suite 260 Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kraus, Paul V 1900 Summit Tower Blvd Suite 260 Orlando, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul V. Kraus* **REQUIRED** **3/28/03** **954.423.8101**

CR2E037 (10/02)