2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # N39418 May 15, 2000 8:00 am Secretary of State DOMINICAN FOUNDATION, INC. 05-15-2000 90200 003 ****61.25 Principal Place of Business Mailing Address 4041 MALLARD POINT COURT 4041 MALLARD POINT COURT ORLANDO FL 32810-1925 ORLANDO FL 32810 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0263936 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required • • 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LUTHER, DAVID S. 742 GRANVILLE DR. WINTER PARK FL 32789 Zip Code City FL 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. 缺事致的 计记录存载 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition ☐ Change TITLE Trogouver TITLE ☐ Delete BARRYC. POTOLAN NAME NAME SCHEID, ROBERT 173 LAGO US ta Souleunco STREET ADDRESS STREET ADDRESS 334 GOOSECREEK DRIVE caselbary FL 32707 CITY-ST-ZIP CITY-ST-ZIP <u>WINTER SPRINGS FL 32708</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE D NAME NAME SCOTT, JERRY W STREET ADDRESS STREET ADDRESS 6515 KEMPER LAKES COURT CITY-ST-ZIP CITY-ST-ZIP <u>alexandria va</u> ☐ Change Addition TITLE TITLE ☐ Delete NAME WELSH, JAMES F. NAME STREET ADDRESS STREET ADDRESS R.D. 4, BOX 4846 CITY-ST-ZIP CITY-ST-ZIP <u>MOHNTON PA</u> ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME CUEVAS, MIRTHA E STREET ADDRESS STREET ADDRESS 2106 E. HILLCREST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME LUTHER, STEPHEN STREET ADDRESS STREET ADDRESS 973 WILLOW RUN LANE CITY-ST-7IP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HENRIQUEZ, ADALBERTO STREET ADDRESS STREET ADDRESS 71 RIVER RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 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