

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90458 041 \*\*\*\*61.25

**DOCUMENT # N97000002359**

1. Entity Name

**ECHOES OF THE ANCESTORS, INC.**

Principal Place of Business

Mailing Address

1661 WOODLAND AVE  
 WINTER PARK FL 32789

1661 WOODLAND AVE  
 WINTER PARK FL 32789-2774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3449271**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOSEY, MOLLY F**  
**1661 WOODLAND AVE**  
**WINTER PARK FL 32789**

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:**  
**FEES ARE \$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOME, MALIDOMA P</b>	
STREET ADDRESS	<b>33 CHINEY ROCK</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOME, SOBONFU E</b>	
STREET ADDRESS	<b>33 CHINEY ROCK</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOSEY, MOLLY F</b>	
STREET ADDRESS	<b>1661 WOODLAND AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKINSON, STEPHANIE</b>	
STREET ADDRESS	<b>1221 HIDDEN COURT</b>	
CITY-ST-ZIP	<b>WHEATON IL 60187</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTENSEN, TOBY</b>	
STREET ADDRESS	<b>3504 125TH STREET</b>	
CITY-ST-ZIP	<b>VANCOUVER WA 90686</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STRAUSS, HARRY</b>	
STREET ADDRESS	<b>28704 SOUTH MERIDIAN</b>	
CITY-ST-ZIP	<b>AURORA OR 97002</b>	

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

*[Handwritten Signature]* **4-27-00** **407-841-7100**

CR2E037 (9/99)