

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90031 009 ****61.25

DOCUMENT # N99000004803
 Entity Name
DAVID AND LINDA SHAHEEN FOUNDATION, INC.

Principal Place of Business DAVID SHAHEEN 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402	Mailing Address C/O DAVID SHAHEEN 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402-0973
Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

Country	Country	4. FEI Number 58-2489866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent JAMES B ESQ. DAVIS & SINGERMAN N.E. 3RD AVENUE #400 LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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 Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAVID SHAHEEN 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402	<input type="checkbox"/>		<input type="checkbox"/>
LINDA SHAHEEN 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402	<input type="checkbox"/>		<input type="checkbox"/>
DEL MARTIN 133 CARNEGIE WAY SUITE 1200 ATLANTA GA 30302	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E037 (9/99)

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SHAHEEN DATE: 2/15/00 DAYTIME PHONE #: 775/832-3424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR