

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000004803

1. Entity Name
THE DAVID AND LINDA SHAHEEN FOUNDATION, INC.

Principal Place of Business C/O 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address C/O DAVID SHAHEEN Suite, Apt. #, etc. P.O. BOX 252 City & State LOOKOUT MOUNTAIN TN Zip 37350
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4. FEI Number
58-2489866

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DAVIS JAMES BESQ.
BERGER DAVIS & SINGERMAN
350 E. LAS OLAS BLVD., SUITE 1000
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name
BERGER MITCHELL WESQ.
 Street Address (P.O. Box Number is Not Acceptable)
BERGER SINGERMAN
350 E. LAS OLAS BLVD., SUITE 1000
 City
FORT LAUDERDALE FL Zip Code
33301

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 **MITCHELL W. BERGER** DATE **03/14/2001**
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN DEL 133 CARNEGIE WAY SUITE 1200 ATLANTA GA 30302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHEEN LINDA 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHEEN DAVID 22 CAL NEVA DRIVE P.O. BOX 973 CRYSTAL BAY NV 89402 <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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: **DAVID M. SHAHEEN** D DATE: **03/14/2001**

CR2E037 (11/00)