

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90088 007 \*\*\*\*70.00

**DOCUMENT # N99000005171**

1. Entity Name

**THE GOLDEN RULE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

867 CRANES CT., SUITE A-  
 MAITLAND FL 32751

867 CRANES CT. SUITE A  
 MAITLAND FL 32751-6910

2. Principal Place of Business

867 CRANES COURT

3. Mailing Address

867 CRANES COURT

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3611339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMAN, RACHEL  
 867 CRANES CT, SUITE A  
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

SAME

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

*Rachel Hamman*

4/18/00

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 **D**  Delete  
 NAME **HAMMAN, RACHEL D**  
 STREET ADDRESS **867 CRANES CT, SUITE A**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D**  Delete  
 NAME **WRIGHT, MICHAEL D**  
 STREET ADDRESS **P O BOX 70225**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33307**

TITLE **D**  Delete  
 NAME **HAMMAN, BRADLEY D**  
 STREET ADDRESS **867 CRANES CT, SUITE A**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/ PRESIDENT / P**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D/V/S**  Change  Addition  
 NAME **VICE PRESIDENT / SECRETARY**  
 STREET ADDRESS **1233 BRAMPTON PLACE**  
 CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE **D/T**  Change  Addition  
 NAME **TREASURER**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Rachel Hamman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(407)647-4047

Daytime Phone #

CR2E037 (9/99)