

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90191 003 ****61.25

DOCUMENT # N99000005171

1. Entity Name

THE GOLDEN RULE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**867 CRANES COURT
 SUITE A
 MAITLAND FL 32751**

**867 CRANES COURT
 SUITE A
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611339

Applied For

Not Applicable

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

**HAMMAN, RACHEL
 867 CRANES COURT
 SUITE A
 MAITLAND FL 32751**

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **P, P, C**
RACHEL HAMMAN, RACHEL
 STREET ADDRESS **867 CRANES COURT, SUITE A**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE Delete
 NAME **D**
WRIGHT, MICHAEL
 STREET ADDRESS **867 CRANES COURT SUITE A**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME **S, D**
WRIGHT, MICHAEL
 STREET ADDRESS **867 CRANES COURT, SUITE A**
 CITY-ST-ZIP **MAITLAND, FL 32751**

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

TITLE Change Addition
 NAME **T, D**
HAMMAN, BRAD
 STREET ADDRESS **867 CRANES COURT, SUITE A**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 REQUIRED**

1/23/02 (407) 647-4047

Date Daytime Phone #

CR2E037 (9/01)