

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000966

1. Entity Name

ONE WORLD FOUNDATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90037 018 ****70.00

Principal Place of Business
13 A1A NORTH
VEDRA BEACH FL 32082

Mailing Address
830-13 A1A NORTH
#321
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3326436
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCQUIGGAN, JOHN H	NAME	MCLUCAS, W. SCOTT
STREET ADDRESS	230 W 79TH ST APT 1035	STREET ADDRESS	Box #307, 830-13 A1A NORTH
CITY-ST-ZIP	NEWYORK NY 10024	CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNAHILL, SAMUEL B	NAME	MCLUCAS, NANCY M.
STREET ADDRESS	VILLA LAPAGANE 8 RUE GABRIEL	STREET ADDRESS	Box #307, 830-13 A1A NORTH
CITY-ST-ZIP	LA GAYDE FRANCE 06610	CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLE, PHILIP D	NAME	
STREET ADDRESS	377 4TH ST.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: W. Scott McLucas W. SCOTT MCLUCAS 02/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date 904-280-1032

CR2E037 (9/99)