

# 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3326436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>MCQUIGGAN, JOHN H</b>
STREET ADDRESS: <b>230 W 79HT ST APT 1035</b>	CITY-ST-ZIP: <b>NEWYORK NY 10024</b>
TITLE: <b>VD</b> <input type="checkbox"/> Delete	NAME: <b>TANNAHILL, SAMUEL B</b>
STREET ADDRESS: <b>VILLA LAPAGANE 8 RUE GABRIEL</b>	CITY-ST-ZIP: <b>LA GAVDE FRANCE 06610</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>TINGLE, PHILIP D</b>
STREET ADDRESS: <b>377 4TH ST.</b>	CITY-ST-ZIP: <b>ATLANTIC BEACH FL 32233</b>
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>MCLUCAS, W. SCOTT</b>
STREET ADDRESS: <b>Box #307, 830-13 A1A NORTH</b>	CITY-ST-ZIP: <b>PONTE VEDRA BEACH, FL 32082</b>
TITLE: <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>MCLUCAS, NANCY M.</b>
STREET ADDRESS: <b>Box #307, 830-13 A1A NORTH</b>	CITY-ST-ZIP: <b>PONTE VEDRA BEACH, FL 32082</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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: *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)