

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90027 044 \*\*\*\*61.25

**DOCUMENT # N50614**

1. Entity Name

**AEQUANIMITAS FOUNDATION, INC.**

Principal Place of Business

116 WILSON AVE  
MORGANTOWN WV 26501  
US

Mailing Address

P.O. BOX 888 WV 26507  
MORGANTOWN WV 26507-8888  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

morgantown, WV

Zip

Country

Zip

Country

26507

USA

4. FEI Number

91-1575108

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

ST. PAUL, ALEXANDRA  
1111 3RD AVE WEST  
SUITE 350 Suite 300  
BRADENTON FL 34205

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 Alex St Paul

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/01

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 checked="" type="checkbox"/> Delete
NAME	GLEASON, KEVIN	
STREET ADDRESS	1380 WEST PACES FERRY #170	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEDGEMAN, JUDITH A.	
STREET ADDRESS	325 ASH ST	
CITY-ST-ZIP	MORGANTOWN WV 26501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, EUGENIA L	
STREET ADDRESS	6306 S MACDILL AVE #824	
CITY-ST-ZIP	TAMPA FL 33611-5049	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEYS, LYNN	
STREET ADDRESS	9901 E FOOTHILLS DR	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	AKALE, CHRISTIAN	
STREET ADDRESS	503 BRYANT AVE N	
CITY-ST-ZIP	MINNEAPOLIS MN 55405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRI, ROBERT M	
STREET ADDRESS	P.O. BOX 9000	
CITY-ST-ZIP	MORGANTOWN WV 26506	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sarah Quesen	
STREET ADDRESS	116 Wilson Ave	
CITY-ST-ZIP	Morgantown, WV 26501	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Heath	
STREET ADDRESS	970 N Kalaheo Ave, C-214	
CITY-ST-ZIP	Kailua, HI 96734	
TITLE	S/T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elsie Spittle	
STREET ADDRESS	4840 Park Terrace Dr	
CITY-ST-ZIP	Long Beach, CA 90804	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shane Kennedy	
STREET ADDRESS	10145 81 Ave	
CITY-ST-ZIP	Edmonton, Alberta T6H 3T3	
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:

**SIGNATURE REQUIRED**

9/31/01

291-6411

CR2E037 (5/01)