

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90462 031 \*\*\*\*70.00

**DOCUMENT # N95000000966**  
1. Entity Name  
**ONE WORLD FOUNDATION, INC.**



Principal Place of Business  
**830-13 A1A NORTH  
#321  
PONTE VEDRA BEACH FL 32082  
US**

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

4. FEI Number **59-3326436** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCQUIGGAN, JOHN A</b>	
STREET ADDRESS	<b>230 W 79TH 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 GAUDE FRANCE 06610</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINGHORN, GEORGE</b>	
STREET ADDRESS	<b>1089 CHERRY ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCLUCAS, W S</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"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCQUIGGAN, JOHN A</b>	
STREET ADDRESS	<b>150 JORALEMON ST, # 11-B</b>	
CITY-ST-ZIP	<b>BROOKLYN, NY 11201</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. S. Lucas* PRES. 04/17/03 904-280-1032

CR2E037 (10/02)