

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90074 023 \*\*\*\*\*61.25

**DOCUMENT # N97000000177**

1. Entity Name

**INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAPHERS, INC.**



Principal Place of Business

PO BOX 1240  
BOWIE MD 20718

Mailing Address

PO BOX 1240  
BOWIE MD 20718

2. Principal Place of Business

**8855 Redwood ST.**

3. Mailing Address

**8855 Redwood ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Las Vegas, NV**

City & State

**Las Vegas, NV**

4. FEI Number **65-0771941**

Applied For

Not Applicable

Zip **89139**

Country

Zip **89139**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LORBER, ADDIE  
1385 WEST PALMETTO PARK ROAD WEST  
BOCA RATON FL 33486**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **KLEIN, RON**  
STREET ADDRESS **1208 PIKE COURT**  
CITY-ST-ZIP **JUNEAU AL 99801**

TITLE **PE** ☒ Delete  
NAME **SCHNEIDER, RICHARD**  
STREET ADDRESS **3510 LAME BEAVER CT**  
CITY-ST-ZIP **ELLICOTT CITY MD 21042**

TITLE **ST** ☒ Delete  
NAME **STETINA, FRAN**  
STREET ADDRESS **13108 IDLEWOOD DR**  
CITY-ST-ZIP **BOWIE MD 20715**

TITLE **D** ☐ Delete  
NAME **DELROY, STEPHEN**  
STREET ADDRESS **68-36 108TH ST B-14**  
CITY-ST-ZIP **FORREST HILLS NY 11375**

TITLE **D** ☐ Delete  
NAME **FINN, ALAN**  
STREET ADDRESS **928 BEECH ST**  
CITY-ST-ZIP **E LANSING MI 48823**

TITLE **D** ☐ Delete  
NAME **KARABAICH, RON**  
STREET ADDRESS **2212 N 30TH CT**  
CITY-ST-ZIP **TACOMA WA 98403**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PE** ☒ Change ☐ Addition  
NAME **Denise Hill**  
STREET ADDRESS **PO Box 1633**  
CITY-ST-ZIP **Coupeville, WA 98239**

TITLE **ST** ☒ Change ☐ Addition  
NAME **JEAN YAKE**  
STREET ADDRESS **8855 REDWOOD ST.**  
CITY-ST-ZIP **Las Vegas, NV 89139**

TITLE **D** ☐ Change ☒ Addition  
NAME **H. CARY MOORE**  
STREET ADDRESS **PO Box 20758**  
CITY-ST-ZIP **Montgomery, AL 36120**

TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE REQUIRED**

**S-1/Res**

**4-25-03**

**702.361.5885**

CR2E037 (10/02)