2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNI	FORM BUSI	NESS REPO	RT (UBI	<u>R)</u>		F	ILED		
DOCUMENT # 723788 1. Entity Name						Jan 26, 2000 8:00 am Secretary of State				
THE KO	RESHAN	UNITY FOUNDATION	I, INC.					90117 048 *		,
Principal Place of Business			Mailing Address							
8661 CORKSCREW RD ESTERO FL 33928 US			P.O. BOX 97 ESTERO FL 33928-0097 US			1 1889U Ú	PR) 0 21 800 21111 1 2 1	806	503	t) ATRIC (AA)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT	WRITE IN THIS	SPACE	
City & State			City & State			-4,-FEI-Numb	er 59-1463	053		plied For t A
Zip	Zip Country		Zip Country			5. Certificate	of Status Des		\$8.75 Addi	itional
	6. Name	and Address of Current F	legistered Agent	Name		7. Name and	Address of	lew Registered /	Agent	
COX, JOE				Street A	Address (F	P.O. Box Number	er is Not Accel -	otable)		
	NGS & LOC									
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR NAPLES FL 34103				City				FL	Zip Code	•
		culprite this statement for	the purpose of changing its	registered office o	r registere	ad agent or bo	th in the state		<u>4.</u> 1.	
C. The above	Trainida ontri	babilina tina atataman ra	the purpose of onlinging he				.,			
0.00.47.405										
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signat	ture required	when reinstating)		DATE		
								 -		
FILE NOW:			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			Make Check Payable to Department of State		
	FEE IS	\$61.25	I distraina Contina	odion.	Augeo	to rees		Department	O State	
10.		OFFICERS AND DIRI	ECTORS	11.	. Α	DDITIONS/CH	IANGES TO O	FICERS AND DI	RECTORS IN	10
TITLE	P		Delete	TITLE		ident			Change	□ • <i>4.5</i> °°.
name Street address	BIGELOW, P.O. BOX			name Street address	[<u> </u>	les Daur	ay			
CITY-ST-ZIP	ESTERO F			CITY-ST-ZIP		Box 9/ ro. FL	33928			
TITLE	- 1\P-		☐ Delete	TITLE	Vice	Preside	ent .	r	Change	* a and .
NAME		CHARLES J	and the same of	NAME		B. Cox,				~ :
STREET ADDRESS CITY-ST-ZIP	P.O. BOX ESTERO F			STREET ADDRESS CITY-ST-ZIP		Tamiami		٧.		
TITLE	2VP	L 33920	X Delete	TITLE	Secr	<u>es, FL 3</u> etary-Tr	reasurer		☐ Change	
NAME		GERARD C	24 50000	NAME	1	W. Rea				
STREET ADDRESS	1148 FIFT		•	STREET ADDRESS		Winkler				
CITY-ST-ZIP		K NY 10128		CITY-ST-ZIP	ĻFt.	<u>Myers, F</u>	L 33919		Change	☐ Addition
TITLE NAME	ST Rea, Sar	ΔW	☐ Delete	TITLE NAME					☐ Change	Adultion
STREET ADDRESS		KLER RD., F-126		STREET ADDRESS						
CITY-ST-ZIP		S FL 33919		CITY-ST-ZIP						
TITLE	T	uoomi. I	Delete	TITLE	ļ				☐ Change	Addition Addition
NAME STREET ADDRESS	HANNA, R 60 TROIS			NAME STREET ADDRESS						
CITY-ST-ZIP	i	S FL 33912	-	CITY-ST-ZIP						
TITLE	T		Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	POBANZ,			NAME CERTEL ADDRESS						
STREET ADDRESS CITY ST-ZIP		CAN BLVD. RAL FL 33914		STREET ADDRESS CITY-ST-ZIP		•				
128 horoby			his filing does not qualify fo		tod in So	otion 119 07/3\/	(i) Florida Stat	utos I further ear	tifu that the in	formation

It 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.