

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90012 042 \*\*\*\*61.25

**DOCUMENT # 761298**

1. Entity Name

**ALPHA OMEGA RESEARCH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1048 S. OCEAN BLVD.  
 PALM BCH FL 33480  
 US

1048 S. OCEAN BLVD.  
 PALM BCH FL 33480  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2121828**

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

**BACINICH, EDWARD J.**  
**1048 S OCEAN BLVD.**  
**PALM BCH FL 33480**

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

*Edward J. Bacinich*

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

(NOTE: Registered Agent signature required when reinstating)

**1/24/2001**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DAYWITT, WILLIAM C JR	111 MAYHURST AVE	COLORADO SPGS CO	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	BACINICH, EDWARD J.	1048 S OCEAN BLVD.	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DURSUNOGLU, BEHRAM D	6200 LEONARDO ST	CORAL GABLES FL 33146	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	DEMARCELLUS, JULIETTE	357 CRESCENT DR.	PALM BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ODASSO, LORRAINE	201 W INDIES DR	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KRIZ, THOMAS R	305 MARBLE CANYON DR	W PALM BCH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Maria L. Bacinich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIA L. BACINICH**

**PRESIDENT**

**1/24/01**

**561-833-2222**

Date

Daytime Phone #

CR2E037 (10/00)