

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 038 ****70.00

DOCUMENT # 805350

1. Entity Name

ARCHBOLD EXPEDITIONS

Principal Place of Business

Mailing Address

**330 ISLAND ROAD
 PALM BEACH FL 33480**

**330 ISLAND ROAD
 PALM BEACH FL 33480-4751**

80007663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-6400408

Applied For
 Not Applied

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HUFTY, FRANCES A
 330 ISLAND ROAD
 WEST PALM BCH FL 33480**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVE, LELA PORTER.	
STREET ADDRESS	266 W 77TH STREET APT. #5	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUFTY, FRANCES A	
STREET ADDRESS	330 ISLAND ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TASD	<input checked="" type="checkbox"/> Delete
NAME	LEIDY, MRS FRANCES HUFTY	
STREET ADDRESS	105-133; 700 W. DOWNTOWN PIKE	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD-GEORGE, DONNA	
STREET ADDRESS	346 CRESCENT DR	
CITY-ST-ZIP	PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUFTY, MARY P MD	
STREET ADDRESS	257 MAPACHE DR	
CITY-ST-ZIP	PORTOLA VALLEY CA.	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOT, RICHARD	
STREET ADDRESS	41 PROSPECT ST	
CITY-ST-ZIP	NY NY 14886	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	ATUCHA, SEBASTIAN		
STREET ADDRESS	3045 JACKSON ST., APT. 202		
CITY-ST-ZIP	SAN FRANCISCO, CA		
TITLE	ASD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	LEIDY, MRS FRANCES HUFTY		
STREET ADDRESS	105-133; 700 W. DOWNTOWN PIKE		
CITY-ST-ZIP	WEST CHESTER, PA		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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

Frances A. Hufty 1/20/00
FRANCES A. HUFTY 863-465-257
 DATE: _____ DAYTIME PHONE: _____