

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005385

1. Entity Name

US LAUSANNE COMMITTEE, INC.

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

08-01-2001 90202 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~5666 LINCOLN DRIVE, SUITE 100~~  
~~EDINA MN 55436~~

~~5666 LINCOLN DRIVE, SUITE 100~~  
~~EDINA MN 55436~~

#219  
77-564 "A" Country Club Dr.  
Palm Desert CA 92211

2. Principal Place of Business

3. Mailing Address

77-564 "A" Country Club Dr.  
Suite, Apt. #, etc.  
#219

810 S. Seventh Street  
Suite, Apt. #, etc.

City & State

City & State

Palm Desert

Minneapolis

Zip

Country USA

Zip

Country USA

CA

92211

MN

55415 Hennepin

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIZZELL, NAOMI:  
8787 SOUTHSIDE BLVD., APT. 4707  
JACKSONVILLE FL 32256

(change of  
address  
only)

Name Naomi Frizzell

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

5530 Alden Bridge Road

City Jacksonville

FL

Zip Code 32258

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**  
**After September 12, 2001, min. will be \$236.25**

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  
CCEO  
CEDAR, PAUL A  
69495 LAS CAMELIAS  
CATHEDRAL CITY CA 92234 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Dr. Paul A. Cedar ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ALLISON, DR. LONNIE  
500 E. COLLEGE AVE.  
WHEATON IL 67018-7 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PARROTT, DR. ROGER  
1500 PEACHTREE ST.  
JACKSON MS 39202 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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

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 persons empowered.

SIGNATURE:

*Naomi Frizzell*  
SIGNED

7/22/01 612-278-1723

CR2E037 (5/01)