

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 24, 2002 8:00 am**
Secretary of State

03-24-2002 90011 002 ****61.25

DOCUMENT # F00000005385

1. Entity Name

US LAUSANNE COMMITTEE, INC.

Principal Place of Business

**77-564 A COUNTRY CLUB DRIVE #219
PALM DESERT CA 92211**

Mailing Address

**810 SOUTH SEVENTH STREET
MINNEAPOLIS MN 55415**

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

23-7317473

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FRIZZELL, NAOMI
5530 ALDEN BRIDGE ROAD
JACKSONVILLE FL 32258**

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.

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 \$61.259. 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 **CCEO** ☐ Delete
NAME **CEDAR, PAUL A DR**
STREET ADDRESS **69495 LAS CAMELIAS**
CITY-ST-ZIP **CATHEDRAL CITY CA 92234**TITLE **S** ☐ Delete
NAME **ALLISON, DR. LONNIE**
STREET ADDRESS **500 E. COLLEGE AVE.**
CITY-ST-ZIP **WHEATON IL 67018-7**TITLE **P** ☐ Delete
NAME **PARROTT, DR. ROGER**
STREET ADDRESS **1500 PEACHTREE ST.**
CITY-ST-ZIP **JACKSON MS 39202**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

612-278-1723

CR2E037 (9/01)