

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001146

1. Entity Name

GLOBAL AFFAIRS, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 018 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2449
ORLANDO FL 32802

P.O. BOX 2449
ORLANDO FL 32802-2449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1410

P.O. Box 1410

City & State

City & State

WINDERMERE FL

WINDERMERE FL

Zip

Country

34786-1410 ORANGE

Zip

Country

34786-1410 ORANGE

4. FEI Number

22-2983523

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

VAN BEUZEKOM, RODERIC E
7728 GLYNDE HILL DR
ORLANDO FL 32835

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME VAN BEUZEKOM, RODERIC E
STREET ADDRESS 7728 GLYNDE HILL DR
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VST
NAME VAN BEUZEKOM, EDWIN R
STREET ADDRESS 11425 PERICO ISLE CIR
CITY-ST-ZIP BRADENTON FL 34209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME VAN BEUZEKOM, M E
STREET ADDRESS SERINGEN LAAN 24
CITY-ST-ZIP WASSERNAAR NE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/26/2000

Date

407 295 924 1624

Daytime Phone #

CR2E034 (9/99)