

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006004

1. Entity Name

THE V FOUNDATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90158 038 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br>1201 WALNUT STREET<br>2ND FLOOR<br>CARY NC 27511 | Mailing Address<br>1201 WALNUT STREET<br>2ND FLOOR<br>CARY NC 27511-4730 |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |   |   |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number<br><b>13-3705951</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|--------------|--------------|------------------------------------|---|---|

|     |         |     |         |   |                                |
|-----|---------|-----|---------|---|--------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|--------------------------------|

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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: *Nicholas Valvano*  
 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          | <b>P</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KIRTLAND, BEN</b>                                |
| STREET ADDRESS | <b>1201 WALNUT STREET</b>                           |
| CITY-ST-ZIP    | <b>CARY NC 27511</b>                                |
| TITLE          | <b>CEO</b> <input type="checkbox"/> Delete          |
| NAME           | <b>LLOYD, ROBERT-E</b>                              |
| STREET ADDRESS | <b>88 ROWLAND WAY</b>                               |
| CITY-ST-ZIP    | <b>NOVATO CA 94945</b>                              |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete            |
| NAME           | <b>BORNSTEIN, STEVEN M</b>                          |
| STREET ADDRESS | <b>605 THIRD AVENUE</b>                             |
| CITY-ST-ZIP    | <b>NEW YORK NY 10158</b>                            |
| TITLE          | <b>TS</b> <input type="checkbox"/> Delete           |
| NAME           | <b>RHOADS, HARRY JR</b>                             |
| STREET ADDRESS | <b>310 S HENRY ST</b>                               |
| CITY-ST-ZIP    | <b>ALEXANDRIA VA 22314</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete            |
| NAME           | <b>BAST, ROBERT C JR</b>                            |
| STREET ADDRESS | <b>1515 HOLCOMBE BLVD, BOX 92</b>                   |
| CITY-ST-ZIP    | <b>HOUSTON TX 77030</b>                             |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Nicholas Valvano</b>   |
| STREET ADDRESS | <b>1201 WALNUT ST</b>   |
| CITY-ST-ZIP    | <b>CARY NC 27511</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas Valvano* **REQUIRED** 1/11/00 919 3809505  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)