

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90212 023 ****70.00

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1. Entity Name

FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATION, INC.



Principal Place of Business

**VAN ENGELENWEG 21A
P.O. BOX 3335
CURACAO NETHERLANDS ANTILLES**

Mailing Address

**PO BOX 899
CLEARWATER FL 33757**

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 **98-0136014**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, PAUL B
112 SOUTH MAGNOLIA AVE
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PIRAK, KENNETH	
STREET ADDRESS	P.O. BOX 1373	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	DC	<input type="checkbox"/> Delete
NAME	RONNQUIST, EWA	
STREET ADDRESS	P.O. BOX 1931	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEE, LISE L	
STREET ADDRESS	P.O. BOX 2714	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, DEBORAH	
STREET ADDRESS	P.O. BOX 956	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE-CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE PRAAG	
STREET ADDRESS	P.O. BOX 3335	
CITY-ST-ZIP	CURACAO, NETH. ANTILLES	
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:

SIGNATURE REQUIRE COHEE

5 FEB 2003

727-445-4356

CR2E037 (10/02)