

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001960

1. Entity Name

THE HOLY LAND FOUNDATION FOR RELIEF AND DEVELOPM

Principal Place of Business

Mailing Address

525 INTERNATIONAL PKWY. SUITE 509
RICHARDSON TX 75081

525 INTERNATIONAL PKWY. SUITE 509
RICHARDSON TX 75081-2863

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

95-4227517

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

AWAD, RAED M
3336 W. BROWARD BLVD
FT LAUDERDALE FL 33312

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 \$61.25

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 C
NAME ELMEZAYEN, MOHAMMED ☐ Delete
STREET ADDRESS 525 INTERNATIONAL PKWY, SUITE 509
CITY-ST-ZIP RICHARDSON TX 75081

TITLE President ☐ Change ☒ Addition
NAME Ghassan Elashi
STREET ADDRESS 305 Townhouse
CITY-ST-ZIP Richardson, TX 75081

TITLE PSD
NAME BAKER, SHUKRI A ☐ Delete
STREET ADDRESS 525 INTERNATIONAL PKWY, SUITE 509
CITY-ST-ZIP RICHARDSON TX 75081

TITLE Secretary ☐ Change ☒ Addition
NAME Shukri Abu-Baker
STREET ADDRESS 2917 Fair Meadow Dr.
CITY-ST-ZIP Garland, TX 75044

TITLE TD
NAME ELSASHI, GHASSAN ☐ Delete
STREET ADDRESS 525 INTERNATIONAL PKWY, SUITE 509
CITY-ST-ZIP RICHARDSON TX 75081

TITLE Treasurer ☐ Change ☒ Addition
NAME Dr. Ahmad Agha
STREET ADDRESS 2500 Wildwood
CITY-ST-ZIP Ponca City, OK 74604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90005 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2EN37 10/00