

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005366

1. Entity Name

SPIRIT OF AMERICA RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 952914  
LAKE MARY FL 32795-2914

P.O. BOX 952914  
LAKE MARY FL 32795-2914

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

52-1334916

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

BUTLER, GORDON R  
132 DUBLIN DR  
LAKE MARY FL 32746

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 CP ☐ Delete  
NAME BUTLER, GORDON R  
STREET ADDRESS 132 DUBLIN DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE VCT ☐ Delete  
NAME WIDMER, KERRI  
STREET ADDRESS 4995 CHROME DR  
CITY-ST-ZIP SMYRNA GA 30082

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

TITLE D ☐ Delete  
NAME BORCHARDT, RONALD  
STREET ADDRESS 341 GRAND VALLEY DR  
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE D ☐ Delete  
NAME MALLOW, JACK  
STREET ADDRESS 27951 GRATIOT AVE  
CITY-ST-ZIP ROSEVILLE MI 48066

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

TITLE S ☐ Delete  
NAME HANSON, J. DESHEA  
STREET ADDRESS 1219 BRIARWOOD AVE  
CITY-ST-ZIP DELTONA FL 32725

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90021 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4/10/00

Date

Daytime Phone #