

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90077 042 ***150.00

DOCUMENT # F98000006334

1. Entity Name

IVANHOE FINANCIAL, INC.

Principal Place of Business

Mailing Address

604 COURTLAND ST., STE.320
 ORLANDO FL 32804

604 COURTLAND ST., STE.320
 ORLANDO FL 32804-1344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2134140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DP	<input type="checkbox"/> Delete
NAME	REICH, PAUL F	
STREET ADDRESS	604 COURTLAND ST., STE.320	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FIELDS, RANDOLPH H	
STREET ADDRESS	111 NORTH ORANGE AVE., 20TH FL	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOREMAN, STEPHEN F	
STREET ADDRESS	305 DOUGLAS AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWORN, ROBERT E	
STREET ADDRESS	1720 IVANHOE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	V	<input type="checkbox"/> Delete
NAME	WYLLY, H. HUNTER	
STREET ADDRESS	604 COURTLAND ST., STE.320	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, ROBERT H	
STREET ADDRESS	2699 LEE ROAD, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J. SAUER	
STREET ADDRESS	604 COURTLAND ST., STE. 320	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, ROBERT H.	
STREET ADDRESS	2699 LEE ROAD, STE. 200	
CITY-ST-ZIP	WINTER PARK, FL 32789	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(407) 599-0900

Daytime Phone #

CR2E034 (9/99)