

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006334

1. Entity Name

IVANHOE FINANCIAL, INC.

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

03-04-2000 90077 042 \*\*\*150.00

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

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 ☐ Delete  
NAME REICH, PAUL F  
STREET ADDRESS 604 COURTLAND ST., STE.320  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE DS ☐ Delete  
NAME FIELDS, RANDOLPH H  
STREET ADDRESS 111 NORTH ORANGE AVE., 20TH FL  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete  
NAME FOREMAN, STEPHEN F  
STREET ADDRESS 305 DOUGLAS AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE D ☐ Delete  
NAME LOWWORN, ROBERT E  
STREET ADDRESS 1720 IVANHOE BLVD.  
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE V ☐ Delete  
NAME WYLLY, H. HUNTER  
STREET ADDRESS 604 COURTLAND ST., STE.320  
CITY-ST-ZIP ORLANDO FL 32804

TITLE V ☒ Change ☐ Addition  
NAME EDWARD J. SAUER  
STREET ADDRESS 604 COURTLAND ST., STE. 320  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D ☐ Delete  
NAME STEIN, ROBERT H  
STREET ADDRESS 2699 LEE ROAD, STE. 200  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Change ☐ 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 19.67(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(407) 599-0900

Daytime Phone #

CR2E034 (9/99)