

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000730

1. Entity Name

GLOBAL CONNECTIONS FOUNDATION, INC.

Principal Place of Business

1221 W. COLONIAL DR., STE. 200  
ORLANDO FL 32804

Mailing Address

1221 W. COLONIAL DR., STE. 200  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCCLANE, J. BROCK  
1221 W. COLONIAL DR., STE. 200  
ORLANDO FL 32804

4. FEI Number

59-3622494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUDET, LUCY	
STREET ADDRESS	P.O. BOX 3028	
CITY-ST-ZIP	ORLANDO FL 32802-3028	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, MATILDA E	
STREET ADDRESS	12424 RESEARCH PKWY., STE. 263	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, DONALD R	
STREET ADDRESS	1200 W. INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32120-2811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLANE, J. BROCK	
STREET ADDRESS	1221 W. COLONIAL DR., STE. 200	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMRALL, HAL	
STREET ADDRESS	200 E. ROBINSON ST., STE. 600	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHARD, SIBILLE	
STREET ADDRESS	401 W. COLONIAL DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D, S	<input checked="" 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	D, C	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

407 822 0600

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90133 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)