

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90107 037 ****61.25

DOCUMENT # N00000005006

1. Entity Name

WORLD OLYMPIANS ASSOCIATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

ATTN: TICO PEREZ. ESC.
 200 SOUTH ORANGE AVENUE SUITE 2300
 ORLANDO FL 32801

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 200 SOUTH ORANGE AVENUE SUITE 2300
 ORLANDO FL 32801

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

59-3689199

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

A.G.C. CO.
 200 S ORANGE AVENUE SUITE 2300
 ORLANDO FL 32801

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 **D P** ☐ Delete
 NAME **Dr. Pal Schmitt**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Change ☐ Addition
 NAME **Herb Elliott**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Delete
 NAME **Dr. Liston Bochette**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Change ☐ Addition
 NAME **Gilbert Felli**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Delete
 NAME **Dr. Elizabeth Ferris**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Change ☐ Addition
 NAME **Bob Cvrtlik**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Delete
 NAME **William Toomey**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE **D** ☐ Delete
 NAME **Irena Szewinska**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE **D** ☐ Delete
 NAME **El Hadj A. Dia Ba**
 STREET ADDRESS **200 S. Orange Ave., Suite 2300**
 CITY-ST-ZIP **Orlando, FL 32801**

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
 Schmitt, President

2/24/01

407-649-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)