

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90044 030 \*\*\*\*61.25

**DOCUMENT # N16927**

1. Entity Name

**THE IVANHOE FOUNDATION, INC.**

Principal Place of Business

1111 N ORANGE AVE  
 ORLANDO FL 32804  
 US

Mailing Address

1111 N ORANGE AVE  
 ORLANDO FL 32804-6407  
 US

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

**59-2719717**

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

**HINSON, JIM**  
**60 W ROBINSON ST**  
**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

T  Delete  
 NAME **WASHBURN, THOMAS E**  
 STREET ADDRESS **6113 PERSHING AVE**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T  Delete  
 NAME **ROBINSON, BRENDA**  
 STREET ADDRESS **400 S ORANGE AVE**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T  Delete  
 NAME **EARL, TRICIA**  
 STREET ADDRESS **1111 N ORANGE AVE**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  Delete  
 NAME **STEILEN, TED**  
 STREET ADDRESS **4627 PARKBREEZE CT**  
 CITY-ST-ZIP **ORLANDO FL 32808**

Change  Addition  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  Delete  
 NAME **JIM HINSON**  
 STREET ADDRESS **60 W ROBINSON ST**  
 CITY-ST-ZIP **ORLANDO FL**

Change  Addition  
 TITLE NAME **BERYL H DAVIS**  
 STREET ADDRESS **400 S ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

~~D  Delete  
 NAME **GROGAN, BETTY**  
 STREET ADDRESS **1835 BISCAYNE DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**~~

Change  Addition  
 TITLE 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-2000**

Date

**407-422-6105**

Daytime Phone #

CR2E037 (9/99)