

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90018 030 ****61.25

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DOCUMENT # N16927

1. Entity Name

THE IVANHOE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1111 N ORANGE AVE
 ORLANDO FL 32804
 US

1111 N ORANGE AVE
 ORLANDO FL 32804
 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



DO NOT WRITE IN THIS SPACE

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**

T Change Addition
 NAME **DIANA MUCHA**
 STREET ADDRESS **1315 DUSKIN AVENUE**
 CITY-ST-ZIP **ORLANDO FL**

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

T Change Addition
 NAME **GEORGE FENDER**
 STREET ADDRESS **1836 WOODWARD STREET**
 CITY-ST-ZIP **ORLANDO FL**

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

Change Addition

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

Change Addition

D Delete
 NAME **DAVIS, BERYL H**
 STREET ADDRESS **400 S. ORANGE AVE**
 CITY-ST-ZIP **ORLANDO FL**

Change Addition

Delete

Change Addition

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: _____

SIG Beryl H Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407 246 2678

Daytime Phone #

CP2E037 (10/00)