

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0012553

DOCUMENT # N16927

02-04-2002 90047 036 ****61.25

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

4. FEI Number **59-2719717**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

| | | |
|----------------|----------------------|--|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WASHBURN, THOMAS E | |
| STREET ADDRESS | 6113 PERSHING AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MUCHA, DIANA | |
| STREET ADDRESS | 1315 DUSKIN AVENUE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | EARL, TRICIA | |
| STREET ADDRESS | 1111 N ORANGE AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEILEN, TED | |
| STREET ADDRESS | 4627 PARKBREEZE CT | |
| CITY-ST-ZIP | ORLANDO FL 32808 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, BERYL H | |
| STREET ADDRESS | 400 S. ORANGE AVE | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FENDER, GEORGE | |
| STREET ADDRESS | 1836 WOODWARD STREET | |
| CITY-ST-ZIP | ORLANDO FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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]* **TEDE STEILEN** 4/14/02 407-282-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)