

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90064 001 ***600.00

0026165

DOCUMENT # N38700

1. Entity Name

WORLD MARTIAL ARTS RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

% AMERICAN TAEKWON-DO FEDERATION, INC.
 1630 EAST COLONIAL DRIVE
 ORLANDO FL 32803

% AMERICAN TAEKWON-DO FEDERATION, INC.
 1630 EAST COLONIAL DRIVE
 ORLANDO FL 32803

58294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2991614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERICAN TAEKWON-DO FEDERATION, INC.
 1630 EAST COLONIAL DRIVE
 ORLANDO FL 32803

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 **C** ☐ Delete
 NAME **KIM, YOUNG KUN**
 STREET ADDRESS **1630 EAST COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **PSTD** ☐ Delete
 NAME **MCCARTHY, TIM**
 STREET ADDRESS **1630 E COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **D** ☐ Delete
 NAME **POWELL, ALBERT**
 STREET ADDRESS **1924 BERING AVE**
 CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **V** ☐ Delete
 NAME **WINKLE, KEITH**
 STREET ADDRESS **10825 MIDLOTHIAN TPK #105**
 CITY-ST-ZIP **RICHMOND VA 23236**

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

TITLE **D** ☐ Delete
 NAME **MCLAUGHLIN, JOHN**
 STREET ADDRESS **1630 E COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.16.01 404-897-6060

Date

Daytime Phone #

CR2E037 (10/00)