

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48828

1. Entity Name

FRIENDS OF THE AMAZON, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90050 046 ****70.00

Principal Place of Business
2517 N.E. 15TH ST
POMPANO BEACH FL 33062
US

Mailing Address
2517 N.E. 15TH ST
POMPANO BEACH FL 33062-8200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0335010

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

ROBERT J BUSCH
2517 N.E. 15TH ST
POMPANO BEACH FL 33062

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  DATE

(NOTE: Registered Agent signature required when reinstating)

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	PCT	<input type="checkbox"/> Delete
NAME	BUSCH, ROBERT J.	
STREET ADDRESS	2517 N.E. 15TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIGHTHALL, GARY	
STREET ADDRESS	1307 CASTLEMONT AVE APT 1	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSCH, THOMAS E	
STREET ADDRESS	7742 S.W. CR., #18	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUSCH, HEMMEDITH H	
STREET ADDRESS	2517 N.E. 15TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D LINDA CHURSON	<input type="checkbox"/> Delete
NAME	LOPEZ, TEJADA	
STREET ADDRESS	AQUIRRE #1052	
CITY-ST-ZIP	IQUITOS, PERU S.A.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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  DATE APR 14, 2000 DAYTIME PHONE # 946-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)