

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000783

1. Entity Name

UNITED MERCY FOUNDATION CORPORATION

Principal Place of Business

902 CLOYD DAIRY LOOP
ORLANDO FL 32825

Mailing Address

P.O. BOX 667
ROSEBURG OR 97470-0138

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

59-3172634

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

SIVAR, YILDIRIM M
902 CLOYD DAIRY LOOP
ORLANDO FL 32825

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 PD
NAME HASE, SHAIKHA ALI
STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Delete

TITLE VD
NAME GUNGOREN, HAKKI
STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Delete

TITLE S
NAME SIVAR, YILDIRIM
STREET ADDRESS 902 CLOYD DAIRY LOOP
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE TD
NAME SYKES, MARY J
STREET ADDRESS 1730 N.W. VALLEY VIEW DRIVE
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Delete

TITLE D
NAME ONCU, EYUP
STREET ADDRESS RUMELI HISARI BALTA UMANI CAPA
CITY-ST-ZIP YAZI D2 ISTANBUL, TURKEY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE C/P
NAME HASE, SHAIKHA ALI AL MASKARI
STREET ADDRESS 1730 N.W. VALLEY VIEW DR.
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Change ☐ Addition

TITLE V/M
NAME GUNGOREN, HAKKI
STREET ADDRESS 1730 N.W. VALLEY VIEW DR.
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Change ☐ Addition

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

TITLE S/T
NAME SYKES, MARY J.
STREET ADDRESS 1730 N.W. VALLEY VIEW DR.
CITY-ST-ZIP ROSEBURG OR 97470 ☒ Change ☐ Addition

TITLE D
NAME HASE, NAJYB KARL
STREET ADDRESS 1730 N.W. VALLEY VIEW DR.
CITY-ST-ZIP ROSEBURG OR 97470 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: MARY J SYKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

Date

Daytime Phone #

FILED
Jun 13, 2000 8:00 am
Secretary of State

04-24-2000 90069 036 ****70.00

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)