

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA3000001631**

1. Entity Name

**Democracy Worldwide, Inc.**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90102 047 \*\*\*\*61.25

Principal Place of Business  
**6833 SW 84th Ave.**  
**Miami, FL 33143**

Mailing Address  
**6833 SW 84th Ave.**  
**Miami, FL 33143**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

**00057729**

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number  
**65-0401072**

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**

**Joy Martone**  
**6833 SW 84th Ave.**  
**Miami, FL 33143**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President and Board Member and Director</b> <b>Kent Shreeve</b> <b>1725, 17th St, NW, #109, Washington DC 20009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President-Treasurer-Board Member-Director</b> <b>David Cornwell</b> <b>10698 Hampton Rd., Fairfax Station VA 22039</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member, Director</b> <input type="checkbox"/> Delete <b>Joy Eaton</b> <b>730 N 85th St, #103, Seattle, WA 98103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**these are the current officers and board members and directors KWS**

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 I am empowered.

SIGNATURE: **Stenturwe Shreeve**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10 May 00 202-667-9563**

Date

Daytime Phone #

CR2E037 (9/99)