

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90142 042 \*\*\*\*61.25

**DOCUMENT # N93000003582**

**1. Entity Name**  
**FOUNDATION FOR THE ADVANCEMENT OF MESOAMERICAN S  
TUDIES, INC.**



**Principal Place of Business**  
**268 SOUTH SUNCOAST BLVD  
CRYSTAL RIVER FL 34429**

**Mailing Address**  
**268 SOUTH SUNCOAST BLVD  
CRYSTAL RIVER FL 34429**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3195520**

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**

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET, SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **D** ☐ Delete  
**NAME** **KERR, BARBARA**  
**STREET ADDRESS** **14 WEST 17TH STREET APT 2S**  
**CITY-ST-ZIP** **NEW YORK NY 10011**

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

**TITLE** **D** ☐ Delete  
**NAME** **KERR, JUSTIN**  
**STREET ADDRESS** **14 WEST 17TH STREET APT 2S**  
**CITY-ST-ZIP** **NEW YORK NY 10011**

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

**TITLE** **D** ☐ Delete  
**NAME** **DIEHL, DICK**  
**STREET ADDRESS** **1214 WAKEFIELD DRIVE**  
**CITY-ST-ZIP** **TUSCALOOSA AL 35405**

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

**TITLE** **DT** ☐ Delete  
**NAME** **BARBERA, ELIZABETH**  
**STREET ADDRESS** **1736 DANNET PLACE**  
**CITY-ST-ZIP** **EAST MEADOW NY 11554**

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

**TITLE** **EDS** ☐ Delete  
**NAME** **NOBLE, SANDRA DR**  
**STREET ADDRESS** **10976 COVE HARBOR DRIVE**  
**CITY-ST-ZIP** **CRYSTAL RIVER FL 34428**

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

**TITLE** **D** ☐ Delete  
**NAME** **REENTS-BUDET, DORIE**  
**STREET ADDRESS** **2211 MEADE LANE**  
**CITY-ST-ZIP** **DURHAM NC 27707**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Reents-Budet, Dorie**  
**STREET ADDRESS** **27 Chestnut Bluff Lane**  
**CITY-ST-ZIP** **Durham, NC 27713-9071**

**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**

3.18.03

CR2E037 (10/02)

Attachment 90061509  
#N93000003582

**Foundation for the Advancement of Mesoamerican Studies, Inc.**

10. OFFICERS AND DIRECTORS continued:

TITLE:	DCP
NAME:	Lewis S. Ranieri
STREET ADDRESS:	c/o 50 Charles Lindbergh Blvd., Suite 500
CITY-ST-ZIP:	Uniondale, NY 11553

TITLE:	DV
NAME:	Margaret Ranieri
STREET ADDRESS:	c/o 50 Charles Lindbergh Blvd., Suite 500
CITY-ST-ZIP:	Uniondale, NY 11553