FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9300004305

INTERNATIONAL DEVELOPMENT RESEARCH AND INITIATIV ES. INC.

Principal Place of Business 1373 NE 28TH AVE GAINESVILLE FL 32609

Mailing Address 1373 NE 28TH AVE **GAINESVILLE FL 32609** FILED
Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90216 011 ****61.25



2. Principal Pl	ace of Business	2a. Mailing Address	ddress			3. Date Incorporated or Qualifed 09/22/1993				
Suite, Apt.						4. FEI Number 59-3270472		- 1 · · ·	lied For Applicable	
22 City & State	Ð	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip	Country 25	Zip Cor 29 30			-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
					81 Name					
UTTARO, ROBERT					20 Otrock Address (D.O. Day Number in Not Accontable)					
1373 NE 28TH AVE					82 Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE FL 32603					83					
CHAINESVILLE FL 32003									i	
					City		Fl	85 Zip C		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	Agent	signature requi	ADDITIONS/CHANGES TO		ND DIRECTOR	RS IN 12	
TITLE	D	DELETE		lE .	T			Change	Addition	
NAME				ME					Ì	
					DDRESS				1	
STREET ADDRESS	LILINTRIOTON AIV			Y-5T-	1		•		j	
CITY-ST-ZIP				LE	ZIF .	· · · · · · · · · · · · · · · · · ·		Change	Addition	
·	INVERTIL CORALI			ME			F .	,		
NAME	3602 NW 27TH TERR	· · · · · · · · · · · · · · · · · · ·			DORESS		- ,			
STREET ADDRESS	OANIFOLD LE EL COCCE			TY-ST-	1					
CITY-ST-ZIP				re LE	· ZIF			[1] Change	☐ Addition	
TITLE	NAME AND THE PARTY OF THE PARTY			ME						
NAME	1508 NW 1ST LANE #1		1		ODRESS					
STREET ADORESS	GAINESVILLE FL				i					
CITY-ST-ZIP	D	☐ DELETE		TY-ST-		-	٠,	Change	Addition	
TITLE	GLADWIN. CHRISTINA	T pereie	4.1 III 4.2 N			D	•		_	
NAME	1610 NW 28TH PL				DDDCCC.			•		
STREET ADDRESS	GAINESVILLE FL 32606				DDRESS					
CITY-ST-ZIP	C SAINESVILLE I'L 32000	☐ DELETE		TY-ST-	ZIP			Change	Addition	
TITLE	UTTARO, ROBERT P.	C DELETE	5.1 (II				•			
NAME	1373 NE 28TH AVE				ADORESS			•		
STREET ADDRESS				TY-ST-					1	
TITLE (C. 1970)								Change	Addition	
	VON DOEPP, PETER		6.2 NA		ļ					
NAME: VE 1933	1014 NW 15TH AVE	•			ADDRESS		•			
STREET ADDRESS										
CITY-ST-ZIP	GAINESVILLE FL 32601		6.4 CF	TY-ST-	ZIF	0 " 440 07/0\" Fl		wife , that the in	formania a	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.