

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000951

1. Entity Name

INSTITUTE OF AMERICAN STUDIES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90174 006 ****61.25

Principal Place of Business

Mailing Address

1800 2 ST #855
SARASOTA FL 34236
US

PO BOX 2704
SARASOTA FL 34230-2704
US

2. Principal Place of Business

2033 Main St., Suite 303

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
303

City & State

Sarasota, FL 34237

City & State

4. FEI Number

65-0580335

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

KING, CLIFFORD M
1800 2 ST #855
SUITE 380
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street

Suite 303

City
Sarasota

FL

Zip Code
34237

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
D
KING, HORACE C
1020 NORTH STATE RD.
FLORA IL 62839 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, CLIFFORD M
1800 SECOND ST #855
SARASOTA FL 34230 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2033 Main St., Suite 303
Sarasota, FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUDOR, MARTIN
1020 NORTH STATE ROAD
FLORA IL 62839 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OZ-ALP, SAN
ANADOLU UNIVERSITY
ESKISEHIR TU ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
URAZ, CHEVICK
MARMADA UNIVERSITY
ISTANBUL TU ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00

941-952-0990

CR2E037 (9/99)