

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001097

1. Entity Name

WORLD FOREST FOUNDATION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90073 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

47 CHIPPINGWOOD LN  
 ORMOND BEACH FL 32176

47 CHIPPINGWOOD LN  
 ORMOND BEACH FL 32176-7763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3307827

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

SCHULTZ, KARL F  
 47 CHIPPINGWOOD LN  
 ORMOND BEACH FL 32176

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

*Karl F. Schultz*  
 Signature, typed or printed name of registered agent and title if applicable.

KARL F. SCHULTZ AST  
 (NOTE: Registered Agent signature required when reinstating)

04/22/00  
 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 ☐ Delete  
 NAME D  
 STREET ADDRESS SCHULTZ, KARL F III  
 CITY-ST-ZIP 47 CHIPPINGWOOD LN  
 ORMOND BEACH FL

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

TITLE ☐ Delete  
 NAME DP  
 STREET ADDRESS BROCK, WILLIAM  
 CITY-ST-ZIP 1977 HWY 20  
 SEDRO-WOOLLEY WA

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

TITLE ☐ Delete  
 NAME DST  
 STREET ADDRESS SCHULTZ, KARL F  
 CITY-ST-ZIP 47 CHIPPINGWOOD LN  
 ORMOND BEACH FL 32176

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BANTLOW, EDWARD  
 CITY-ST-ZIP 9 WRIGHT PLACE  
 PRINCETON JUNCTION NJ

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DONATO, ANNE  
 CITY-ST-ZIP 7516 MCCALLUM ST.  
 PHILADELPHIA PA

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

*Karl F. Schultz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KARL F. SCHULTZ 04/22/00 904-613 5874

CR2E037 (9/99)