

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000001675**

1. Entity Name

RENAISSANCE FOUNDATION, INC.

Principal Place of Business

3112 M STREET N.W., 2ND FLOOR

WASHINGTON
20007

DC

Mailing Address

3112 M STREET N.W., 2ND FLOOR

WASHINGTON
20007

DC

2. Principal Place of Business

3. Mailing Address
C/O GARY L. VOIGHT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

324 WEST MARKET STREET

City & State

City & State

LEESBURG

VA

Zip

Country

Zip

Country

20176

4. FEI Number

65-0584286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDNICK LINDA R
6838 BLUE BAY CIRCLE

LAKE WORTH
33467

US

FL

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.)

04/27/2000

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
SD
VOIGHT CAROL
324 W MARKET ST
LEESBURG VA 20176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
VOIGHT GARY
324 W MARKET ST
LEESBURG VA 20176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
MAILLARD EUGENE
560 "N" ST SW
WASHINGTON DC 20024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
MAILLARD EUGENE
3402 PICO BOULEVARD
SANTA MONICA CA 90405 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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.