

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90195 038 ****61.25

DOCUMENT # N96000000544

Entity Name

WORLD OF KNOWLEDGE FOUNDATION, INC

Principal Place of Business

Mailing Address

UNIVERSITY PARK DRIVE

140

PARK FL 32792

PO Box 1824
 Goldenrod, FL 32733

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

City & State

Winter Park, FL 32792

4. FEI Number

65-0714728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

VECCIA, DENNIS P
 120 UNIVERSITY PARK DRIVE
 SUITE 150
 WINTER PARK FL 32792

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, 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

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAMIRA CHARANI		NAME	
2428 LAKE VISTA COURT #304		STREET ADDRESS	
CASSELBERRY, FL 32707		CITY - ST - ZIP	
DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MICHELLE BAKER		NAME	
2428 LAKE VISTA COURT #304		STREET ADDRESS	
CASSELBERRY FL 32707		CITY - ST - ZIP	
DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LAURI LOTT		NAME	
14415 STAMFORD Circle		STREET ADDRESS	
ORLANDO, FL 32826		CITY - ST - ZIP	120 UNIVERSITY PARK DR, STE 150 WINTER PARK, FL 32792
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY - ST - ZIP	

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:

4/20/2000

407-679-2545
 X 1119