

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90360 030 ****61.25

DOCUMENT # N96000000544

1. Entity Name

WORLD OF KNOWLEDGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**4037 METRIC DRIVE, STE 140
WINTER PARK FL 32792**

**4037 METRIC DRIVE, STE 140
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0715728

Applied For

Not Applicable

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

**VECCIA, DENNIS P
4037 METRIC DRIVE
WINTER PARK FL 32792**

Name
LOWMEES DROSOICK DASTIER KANTON & REED PA
Street Address (P.O. Box Number is Not Acceptable)

215 N. EOLA DRIVE

City
ORLANDO

FL

Zip Code
32801

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

LOU FREY

04/29/02

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
**DT
LOTT, LAURI
4037 METRIC DRIVE, STE 120
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3501 QUADRANGLE BLVD, SUITE 355
ORLANDO, FL 32817** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BAKER, MICHELE
4037 METRIC DRIVE, STE 120
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3501 QUADRANGLE BLVD, SUITE 310
ORLANDO, FL 32817** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHARANI, SAMER
4037 METRIC DRIVE, STE 120
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3501 QUADRANGLE BLVD, SUITE 355
ORLANDO FL 32817** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
VECCIA, DENNIS P
4037 METRIC DRIVE, STE 120
WINTER PARK FL 32792** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAI, HAFIDH
3501 QUADRANGLE BLVD, SUITE 355
ORLANDO, FL 32817** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
CHAIBI, HAFIDH
4037 METRIC DRIVE, STE 120
WINTER PARK FL 32792** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAI, HAFIDH
3501 QUADRANGLE BLVD, SUITE 355
ORLANDO, FL 32817** ☒ 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

4/29/02

**407-384-4200
21179**

Date

Daytime Phone

CR2E037 (9/01)