

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000096

1. Entity Name

FINNISH AMERICAN NEWSPAPER FOUNDATION, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 034 ****61.25

Principal Place of Business

1784 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409
US

Mailing Address

1784 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

465 GREYNOLDS CIRCLE

3. Mailing Address

465 GREYNOLDS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA, FL

4. FEI Number

65-0716313

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

SCHOLIN, CHRISTIAN N
505 SO FLAGLER DRIVE STE 1001
WEST PALM BEACH FL 33401

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)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 VP ☐ Delete
NAME KUUTTI, TOMMI
STREET ADDRESS 1784 NORTH CONGRESS AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE DT ☐ Delete
NAME RANTA, PETER
STREET ADDRESS 900 SOUTH US HIGHWAY 1 STE 400
CITY-ST-ZIP JUPITER FL 33477

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

TITLE PD ☐ Delete
NAME SUOMINEN, PAAVO
STREET ADDRESS 7030 HALF MOON CIRCLE STE 418
CITY-ST-ZIP HYPOLUXO FL 33462

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

TITLE SD ☐ Delete
NAME VIKLUND, SAKRI
STREET ADDRESS 465 GREYNOLDS CIRCLE
CITY-ST-ZIP LANTANA FL 33462

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00

561-758-6585

Date

Daytime Phone #

CR2E037 (5/00)