

2001 UNIFORM BUSINESS REPORT (UBR)

4/25/01-90091-037-\$61.25-\$61.25

DOCUMENT # N97000000096

1. Entity Name

FINNISH AMERICAN NEWSPAPER FOUNDATION, INC.

Principal Place of Business

465 GREYNOLDS CIRCLE
LANATANA FL 33462
US

Mailing Address

465 GREYNOLDS CIRCLE
LANATANA FL 33462
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 3041

City & State

City & State
Lantana FL

Zip

Country

Zip
33465

Country

4. FEI Number

65-0716313

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

Name

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

City

FL

Zip Code

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

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

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

TITLE VP
NAME KUJTTI, TOMMI
STREET ADDRESS 1784 NORTH CONGRESS AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

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

☒ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(f), 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

Date

Daytime Phone #

APR 15 2001

(21) 588-9770

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 8:28



DO NOT WRITE IN THIS SPACE

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