

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006130**

1. Entity Name

INTERNATIONAL HUMAN RIGHTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

2212 E. 4TH AVE.
TAMPA FL 336052212 E. 4TH AVE.
TAMPA FL 33605

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

59-3473271

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****DRAKEFORD & DRAKEFORD, P.A.**
2212 E. 4TH AVE.
TAMPA FL 33605

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**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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DRAKEFORD, WALTER H.C.
2212 E. 4TH AVE.
TAMPA FL 33605 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~SKWAN, MICHAEL M~~
2212 E. 4TH AVE.
TAMPA FL 33605 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINGER, ROBERT L
2212 E. 4TH AVE.
TAMPA FL 33605 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
ADAMS, CARRIE L.TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 _____

WALTER H.C. DRAKEFORD, PRESIDENT. 4/26/01**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 047 ****61.25

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DO NOT WRITE IN THIS SPACE

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