

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N97000006538

1. Entity Name

TRADEWINDS FOUNDATION, INC.

Principal Place of Business

8365 SENECA TURNPIKE
NEW HARTFORD NY 13413

Mailing Address

8365 SENECA TURNPIKE
NEW HARTFORD NY 13413-4957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0797138

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANISH, DANE T
537 NORTH RAINBOW DRIVE
HOLLYWOOD FL 33021

Delete

7. Name and Address of New Registered Agent

Name Jeff Fraser

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

1360 South Ocean Blvd

Suite 1501

City Pompano Beach

FL

Zip Code

33062

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

Jeff Fraser

2/7/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABELOVE, DAVID	
STREET ADDRESS	8365 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY 13413	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, KATHERINE	
STREET ADDRESS	8365 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY 13413	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EVANS, ROBERT	
STREET ADDRESS	8365 SENECA TURNPIKE	
CITY-ST-ZIP	NEW HARTFORD NY 13413	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEHAN, LOUIS	
STREET ADDRESS	1020 MARY STREET	
CITY-ST-ZIP	UTICA NY 13501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLICKY, WILLIAM	
STREET ADDRESS	1550 CHAMPLIN AVE.	
CITY-ST-ZIP	UTICA NY 13502	
TITLE		<input type="checkbox"/> Delete
NAME	Jeff Fraser	
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Fraser - Vice President	
STREET ADDRESS	1360 South Ocean Blvd, Suite 1501	
CITY-ST-ZIP	Pompano Beach FL 33062	

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:

S. Robert C. Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00

315 733 2995

CR2E037 (9/99)