

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006538**

1. Entity Name

TRADEWINDS FOUNDATION, INC.**FILED****Jan 20, 2001 8:00 am
Secretary of State**

01-20-2001 90001 042 ****61.25

0088661

Principal Place of Business

**8365 SENECA TURNPIKE
NEW HARTFORD NY 13413**

Mailing Address

**8365 SENECA TURNPIKE
NEW HARTFORD NY 13413**

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

65-0797138

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FRASER, JEFF
1360 S OCEAN BLVD
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

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 | 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 | VP | <input type="checkbox"/> Delete |
| NAME | FRASER, JEFF | |
| STREET ADDRESS | 1360 S OCEAN BLVD STE 1501 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| 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 type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert Fraser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

315 733 2995

Daytime Phone #

CR2E037 (10/00)