

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90140 021 ****61.25

DOCUMENT # N97000006603

1. Entity Name

IRANIAN HERITAGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**880 RIVERSIDE DRIVE
 ORMOND BEACH FL 32176**

**880 RIVERSIDE DRIVE
 ORMOND BEACH FL 32176**

00014130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491169

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KATZ, PAUL B ESQ.
 1 FLORIDA PARK DRIVE SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137**

Name

Random R. Burnett, Esq.

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

501 North Grandview Avenue

Daytona Beach

City

FL

Zip Code

32118

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, word or printed name of registered agent and title if applicable

Random R. Burnett, Esq.

(NOTE: Registered Agent signature required when reinstalling)

2/2/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ASLANI-FAR, ABBAS M.D. 880 RIVERSIDE DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ASLANI-FAR, AFSAR 80 RIVERSIDE DRIVE ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KHAZRAEE, ARAM 4251 SPRUCE CREEK RD BLDG 2 STE D PORT ORANGE FL 32127 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESLAMI, HABIB PHD 1214 JUSTICE ST PORT ORANGE FL 32127 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KHATIBI, MANO PHD PO BOX 12266 TALLAHASSEE FL 32317 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Marc Davidson 2 Braddock Avenue Daytona Beach, FL 32118 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Elizabeth Moore 1301 Oak Forest Drive Ormond Beach, FL 32174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Thomas Cellie 1500 Beville Road Ste. 606 Daytona Beach, FL 32114 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Random R. Burnett, Esq. 501 North Grandview Avenue Daytona Beach, FL 32118 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/2/01

(904) 253-8195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)