

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90055 024 \*\*\*\*61.25

**DOCUMENT # N98000003189**

1. Entity Name

**INTERNATIONAL WIND SYNTHESIS ASSOCIATION, INC.**

Principal Place of Business 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301	Mailing Address 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301-1165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 200 S. Biscayne Blvd, Suite, Apt. #, etc. Suite 2500		4. FEI Number 65-0851427	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State Miami, Florida			
Zip	Country	Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, SCOTT R**  
**100 NORTHEAST THIRD AVENUE SUITE 1100**  
**FORT LAUDERDALE FL 33301**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RONKIN, BRUCE 902 STEARNS HILL ROAD WALTHAM MA 02154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DART, SCOTT 7711 NE 175TH ST. APT D201 BOTHELL WA 98011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, DON 3156 OAK ROAD #104 WALNUT CREEK CA 94596 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HARRIS, JOHN 8505 LEMORAN AVENUE PICO RIVERA CA 90660	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Art Whitfield 251 Drumcliff Way Rochester NY 14612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete ANDERSON, STEPHEN 8 S COLUMBUS STREET ARLINGTON VA 22204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete METTS, ALLAN 3564 SCHILLING RIDGE DILUTH GA 30136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition West James 2235 Myrtle Dale Avenue Baton Rouge LA 70808

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:** SIGNATURE REQUIRED Ronkin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00 617-373-3088  
 Date Daytime Phone #

CR2E037 (9/99)