

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003763

1. Entity Name

WORLDVIEW INSTITUTE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90199 005 ****61.25

Principal Place of Business

Mailing Address

1712 HIGH RIDGE ROAD
LAKE WORTH FL 33461

1712 HIGH RIDGE ROAD
LAKE WORTH FL 33461-6154

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

65-0819196

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

EWALD, DAVID R
1712 HIGH RIDGE ROAD
LAKE WORTH FL 33461

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 D
NAME BLECHER, MARK
STREET ADDRESS 7750 HENRY
CITY-ST-ZIP JENISON MI 49428 ☒ Delete

TITLE PRESIDENT
NAME BLOCHER, MARK ☒ Change ☐ Addition
STREET ADDRESS 7750 HENRY
CITY-ST-ZIP JENISON, MI 49428

TITLE D
NAME EMMONS, ROB ☐ Delete
STREET ADDRESS 8107 DAMASCUS DR.
CITY-ST-ZIP WEST PALM BEACH FL 33418

TITLE ~~MEMBER~~
NAME ~~MEMBER~~ ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR-SEC.
NAME HEMBREE, K.C. ☐ Delete
STREET ADDRESS 6462 LESLIE ST.
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER
NAME PREVOST, BRUCE ☐ Delete
STREET ADDRESS 8292 NASHUA DR.
CITY-ST-ZIP WEST PALM BEACH FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D EXEC. DIRECTOR
NAME EWALD, DAVID ☐ Delete
STREET ADDRESS 1712 HIGH RIDGE
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ~~DIRECTOR~~
NAME ~~DIRECTOR~~ ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME KING, RAY ☐ Delete
STREET ADDRESS 17224 SPRINGFIELD ROAD
CITY-ST-ZIP GROVELAND IL 61535

TITLE ☐ Change ☐ 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:

David R. Ewald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00 561 582 8562
Date Daytime Phone #

CR2E037 (9/99)