

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

0064168

**DOCUMENT # N98000003763**

1. Entity Name

**WORLDVIEW INSTITUTE, INC.**

02-08-2001 90372 002 \*\*\*\*61.25

Principal Place of Business

1712 HIGH RIDGE ROAD  
 LAKE WORTH, FL 33461

Mailing Address

1712 HIGH RIDGE ROAD  
 LAKE WORTH FL 33461

**916799**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**WORLDVIEW INSTITUTE INC**  
 Suite, Apt  
**6462 LESLIE ST**  
**JUPITER, FL 33458**

**WORLDVIEW INSTITUTE INC**  
**6462 LESLIE ST**  
**JUPITER, FL 33458**

4. FEI Number

**65-0819196**

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

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

**EWALD, DAVID R.**  
**6462 LESLIE ST**  
**JUPITER, FL 33458**

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

*David R. Ewald*

*Executive Director*

**DAVID R. EWALD**

**1/31/01**

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 **P** ☐ Delete  
 NAME **BLOCHER, MARK**  
 STREET ADDRESS **7750 HENRY**  
 CITY-ST-ZIP **JENISON MI 49428**

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

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

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

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

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

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

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

TITLE **ED** ☐ Delete  
 NAME **EWALD, DAVID**  
 STREET ADDRESS **1712 HIGH RIDGE**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **D** ☐ Delete  
 NAME **KING, RAY**  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David R. Ewald* **DAVID R. EWALD**

Date

Daytime Phone #

**1/31/01**

**561**

**745 8382**

CR2E037 (10/00)