## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N98000003763

Entity Name: WORLDVIEW INSTITUTE, INC.

FILED Aug 01, 2002 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
6462 LESLII JUPITER, F		8107 DAMASCU PALM BEACH (	JS DRIVE GARDENS, FL 33418	
Current Mailing Address:		New Mailing A	New Mailing Address:	
6462 LESLIE STREET JUPITER, FL 33458			8107 DAMASCUS DRIVE PALM BEACH GARDENS, FL 33418	
FEI Number: 6	65-0819196 FEI Number Applied For() FEI	Number Not Applicable	e() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name			ress of New Registered Agent:	
EWALD, DAVID R 6462 LESLIE STREET JUPITER, FL 33458		8107 DAMASCU	EMMONS, ROBERT 8107 DAMASCUS DRIVE PALM BEACH GARDENS, FL 33418	
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.				
SIGNATUR	E: ROBERT EMMONS		08/01/2002	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete BLOCHER, MARK 7750 HENRY JENISON, MI 49428	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete EMMONS, ROB 8107 DAMASCUS DR. WEST PALM BEACH, FL 33418	Address: 810	(X) Change()Addition #ONS, ROB 7 DAMASCUS DR. ST PALM BEACH, FL 33418	
Title: Name: Address: City-St-Zip:	DS () Delete HEMBREE, K.C. 6462 LESLIE ST. JUPITER, FL 33458	Address: 748	(X) Change()Addition IBREE, K.C. 1 105TH CT NORTH M BEACH GARDENS, FL 33418	
Title: Name: Address: City-St-Zip:	T () Delete PREVOST, BRUCE 8292 NASHUA DR. WEST PALM BEACH, FL 33418	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ED () Delete EWALD, DAVID 1712 HIGH RIDGE LAKE WORTH, FL 33461	Address: 7786	(X) Change ( ) Addition ALD, DAVID 6 COACHMAN LANE ISON, MI 49428	
Title: Name: Address: City-St-Zip:	D () Delete KING, RAY 17224 SPRINGFIELD ROAD GROVELAND, IL 61535	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK B BLOCHER O 08/01/2002