

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90087 010 ****61.25

DOCUMENT # N98000004407

1. Entity Name

THE PERSPECTIVISM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2006 MAINSAIL CIR
JUPITER FL 33477-1418****2006 MAINSAIL CIR
JUPITER FL 33477-1418**

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

65-0854181

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

**KULUNAS, JOSEPH J ESQ.
250 AUSTRALIAN AVE S
WEST PALM BEACH FL 33401**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	JACOBSON, JERRY IRVING DR.	2006 MAINSAIL CIR JUPITER FL 33477-1418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VSTD	JACOBSON, DEBRA MARIA	2006 MAINSAIL CIR JUPITER FL 33477-1418	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	YAMANSI, WILLIAM S	14550 MIDWEST BLVD EDMOND OK 73034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Dr. Jerry I. Jacobson 1/16/01 (561)7468719

Date

Daytime Phone #

CR2E037 (10/00)