

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90069 034 ****70.00

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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 **PD** ☐ Delete
NAME **JACOBSON, JERRY IRVING DR.**
STREET ADDRESS **2006 MAINSAIL CIR**
CITY-ST-ZIP **JUPITER FL 33477-1418**

TITLE **PCTSM** ☐ Change ☒ Addition
NAME **JACOBSON, JERRY IRVING DR.**
STREET ADDRESS **2006 MAINSAIL CIRCLE**
CITY-ST-ZIP **JUPITER FL 33477-1418**

TITLE **VSTD** ☒ Delete
NAME **JACOBSON, DEBRA MARIA**
STREET ADDRESS **2006 MAINSAIL CIR**
CITY-ST-ZIP **JUPITER FL 33477-1418**

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

TITLE **VD** ☐ Delete
NAME **YAMANSKI, WILLIAM S**
STREET ADDRESS **14550 MIDWEST BLVD**
CITY-ST-ZIP **EDMOND OK 73034**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **PAUL MARTIN**
STREET ADDRESS **1785 WADE PATRICK ROAD**
CITY-ST-ZIP **BRAXTON MS 39044**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **FRANK CHAVIANO**
STREET ADDRESS **8200 JOG ROAD STE 100**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Dr. Jerry Irving Jacobson *Dr. Jerry Irving Jacobson* 1/17/02 (561) 7468719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)