

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006242**

1. Entity Name

AMERICAN SPIRIT FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1463 SW TROON CIRCLE
PALM CITY FL 34990-4428****1463 SW TROON CIRCLE
PALM CITY FL 34990-4428**

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

65-0873687

Applied For

☐ Not Applicable5. 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

**ENRIGHT, RICHARD E
1463 S.W. TROON CIRCLE
PALM CITY FL 34990-4428**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCOY, DORIS LEE PHD
5758 BEAUMONT AVENUE
LA JOLLA CA 92037** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MITCHELL, DONALD
1441 N.E. 14TH COURT
JENSON BEACH FL 34957** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NINA MOSHER, HARRISON
637 PONYTAIL LANE
FORT PIERCE FL 34982** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HUBBARD, LOUISE
2367 S.E. HARRINGTON PLACE
PORT ST. LUCIE FL 34952** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 2000

561-283-2489

Date

Daytime Phone #

CR20017 1/12/00