

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002654

1. Entity Name

RHIZOMES FOUNDATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90002 045 ****61.25

Principal Place of Business

Mailing Address

1415 DEAN ST., STE. 112
FT. MYERS FL 33901

8963 BANYAN COVE CIR.
FT. MYERS FL 33919-3261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0909240

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

TRANTER, JAMIE
8963 BANYAN COVE CIR.
FT. MYERS FL 33919

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 ☒ ~~DIRECTOR~~ ☐ Delete
NAME JAMIE TRANTER
STREET ADDRESS 8963 BANYAN COVE CIR
CITY-ST-ZIP FT MYERS, FL 33919

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

TITLE ☒ ~~DIRECTOR~~ ☐ Delete
NAME MARY STEPHENSON
STREET ADDRESS 7279 Poplar
CITY-ST-ZIP FT MYERS, FL 33919

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

TITLE ☒ ~~DIRECTOR~~ ☐ Delete
NAME JERRY RILEY
STREET ADDRESS COLONY LANE
CITY-ST-ZIP TORONTO, CANADA

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

TITLE ☒ ~~DIRECTOR~~ ☐ Delete
NAME KAREN OLSEN BROHNS
STREET ADDRESS UNIVERSITY OF SAN FRANCISCO
CITY-ST-ZIP SAN FRANCISCO, CALIF

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

TITLE ☒ ~~DIRECTOR~~ ☐ Delete
NAME PATRICK HUNT
STREET ADDRESS STANFORD UNIVERSITY
CITY-ST-ZIP PALO ALTO CALIFORNIA

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

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: JAMIE TRANTER REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-00

941.415.0864

Date

Daytime Phone #

CR2E037 (9/99)