

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006452

1. Entity Name

THE INTERNET FOUNDATION, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90231 028 \*\*\*\*61.25

Principal Place of Business Mailing Address  
200 SOUTH BISCAYNE BLVD., 20TH FLOOR 200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131-2310 MIAMI FL 33131-2310

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

65-0957989

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

ROSSZ FIU CORPORATION  
200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131-2310

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	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LYNN H	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 20TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, ROGER	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 20TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALGADO, WILLIAM	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 20TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCHETTI, JOSEPHINE	
STREET ADDRESS	777 Brickell Avenue, Suite 500	
CITY-ST-ZIP	Miami FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, Ann	
STREET ADDRESS	777 Brickell Avenue, Suite 500	
CITY-ST-ZIP	Miami FL 33131	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Carson Cheezem	
STREET ADDRESS	200 South Biscayne Blvd, 20th Floor	
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jan Carson Cheezem* 4/21/00 305 358 7605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)