## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 29, 2001 8:00 am Secretary of State DOGUMENT # P0000025865 1. Entity Name FOUNDATION SEMINARS, INC. 01-29-2001 90028 004 \*\*\*150.00 Principal Place of Business Mailing Address 3320 NORTHWEST 97TH WAY 3320 NORTHWEST 97TH WAY SUNRISE FL 33351 SUNRISE FL 33351 rub ru : 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -----Name WHALEN, RONALD F Street Address (P.O. Box Number is Not Acceptable) 3320 NW 97TH WAY SUNRISE FL 33351 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete TITLE ☐ Change ☐ Addition WHALEN, RONALD F NAME STREET ADDRESS 3320 NORTHWEST 97TH WAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like simpowered.

SIGNATURE:

ROVALD F. Whaler NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR