FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90261 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114088

1. Entity Name
EARTH FOR PEACE REAL ESTATE FOUNDATION, INC.

55048184

[redacted]

Principal Place of Business	Mailing Address
8568 HEATHER BLVD. BROOKSVILLE FL 34613-7420	8568 HEATHER BLVD. BROOKSVILLE FL 34613-7420

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☒ 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
IPPOLITO, ROSEMARY 8568 HEATHER BLVD. BROOKSVILLE FL 34613-7420	Name Street Address (P.O. Box Number is Not Acceptable) Same 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. I am familiar with, and accept the obligations of registered agent.

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 $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IPPOLITO, ROSEMARY 8568 HEATHER BLVD. BROOKSVILLE FL 34613-7420	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #P01000114088

COPY OF APPLICATION TO Re-APPLY 5504184

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
EARTH FOR PEACE REAL ESTATE FOUNDATION, INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
ROSEMARY IPPOLITO

4a Mailing address (room, apt., suite no. and street, or P.O. box)
8568 HEATHER BLVD

5a Street address (if different) (Do not enter a P.O. box.)
SAME

4b City, state, and ZIP code
BROOKSVILLE FL 34613

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
HERNANDO, FLORIDA

7a Name of principal officer, general partner, grantor, owner, or trustee
ROSEMARY IPPOLITO

7b SSN, ITIN, or EIN

8a **Type of entity** (check only one box)
- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ P01000114088
- ☐ Personal service corp
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☐ Other (specify) ▶

- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises
- Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 **Reason for applying** (check only one box)
- ☒ Started new business (specify type) ▶ Real Estate
  this is reapply
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
2001

11 Closing month of accounting year
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶ Agricultural: _____ Household: _____ Other: -0-

14 Check **one** box that best describes the principal activity of your business.
- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale–agent/broker
- ☒ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale–other ☐ Retail
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE INVESTMENT

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Earth for Peace Real Estate Foundation, Inc Trade name ▶ Same

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 2001 — City and state where filed: Brooksville, FL 34613 — Previous EIN: _____

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name — Designee's telephone number (include area code): (727) 514-9333

Address and ZIP code: 8568 Heather Blvd Brooksville FL 34613 — Designee's fax number (include area code): _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.