

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05827

1. Entity Name

TE-TA-MA TRUTH FOUNDATION-FAMILY OF URI, INC.

Principal Place of Business

Mailing Address

2631 HILLCREST ROAD
MEDFORD OR 97504
US

P.O. BOX 1147
ASHLAND OR 97520-0039

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

94-2385796

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

ROBINSON, BONITA M
8402 BOXWOOD DR
TAMPA FL 33615

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
NAME SPD
STREET ADDRESS MIRIAM, ANGELICA
CITY-ST-ZIP PO BOX 1147, NA
ASHLAND OR 97520 ☐ Delete

TITLE
NAME URI, D'ANDELICA MIRIAM ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME TVD
STREET ADDRESS GERMAIN, JAMES
CITY-ST-ZIP PO BOX 1147, NA
ASHLAND OR 97520 ☐ Delete

TITLE
NAME URI, JAMES GERMAIN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME D
STREET ADDRESS URI, GRACE MARAMA
CITY-ST-ZIP PO BOX 1147, NA
ASHLAND OR 97520 ☐ Delete

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

TITLE
NAME PD
STREET ADDRESS URI, D'ANGELICA MIRIAM
CITY-ST-ZIP PO BOX 1147, NA
ASHLAND OR 97520 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

JAMES GERMAIN URI

1/10/2000

541 776-9191

00004389



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)