

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P31938**

1. Entity Name

AMERICA3 FOUNDATION INC.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90041 001 ****61.25

Principal Place of Business

1601 FORUM PLACE
SUITE P-2
W PALM BEACH FL 33401
US

Mailing Address

1601 FORUM PLACE
SUITE P-2
W PALM BEACH FL 33401-8101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0212651

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 \$61.259. 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 ☐ DeleteC
NAME KOCH, WILLIAM, I
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ DeleteVPC
NAME SMITH, MICHAEL J
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33401TITLE ☐ DeleteSD
NAME CALLAHAN, RICHARD P.
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ DeleteTP
NAME ROBINSON, BRAD
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH FLTITLE ☐ DeleteD
NAME ROSOW, DAVID A
STREET ADDRESS 1667 OLD POST RD.
CITY-ST-ZIP SOUTHPORT CT 06490TITLE ☐ DeleteVP
NAME SHIPLEY, ZACHARY
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BCH. FL 33401TITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Richard P. Callahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Callahan, Sec. 1/6/00

561-697-4

Date

Daytime Phone #