

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077302

1. Entity Name

THE FOUNDATION FOR INVESTIGATION, EDUCATION & SU

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90072 034 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2271 STONE CROSS CIRCLE  
 ORLANDO FL 32828  
 US

Mailing Address

2271 STONE CROSS CIRCLE  
 ORLANDO FL 32828  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3531451

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

KANE, STEVEN H  
 1061 MAITLAND CENTER COMMONS  
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

KANE, STEVEN, H.

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

557 North Wymore Road

Suite 100

City

Maitland

FL

Zip Code

32751

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDERSON, GREG	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARRASCO, RENATO	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALARA, ROSA	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FAUSTMANN, DIANA V	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARRASCO, CARLOS M	
STREET ADDRESS	5816 AUVERS BOULEVARD #201	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2271 Stone Cross Circle	
STREET ADDRESS	Orlando, FL 32828	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ditto	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ditto	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ditto	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRASCO, RICARDO C.	
STREET ADDRESS	2271 Stone Cross Circle	
CITY-ST-ZIP	Orlando FL 32828	

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 empowered.

SIGNATURE:

*Signature of Ricardo C. Carrasco*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)