

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90004 039 \*\*\*550.00

0014978 AV

**DOCUMENT # P98000077302**

1. Entity Name

**THE FOUNDATION FOR INVESTIGATION, EDUCATION & SU**

**D**

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**

DO NOT WRITE IN THIS SPACE

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

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

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 12, 2001 Fee 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** ☐ Delete  
 NAME **ALDERSON, GREG**  
 STREET ADDRESS **5816 AUVERS BOULEVARD #201**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **TD** ☐ Delete  
 NAME **CARRASCO, RENATO**  
 STREET ADDRESS **5816 AUVERS BOULEVARD #201**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **SD** ☐ Delete  
 NAME **CALARA, ROSA**  
 STREET ADDRESS **5816 AUVERS BOULEVARD #201**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **VD** ☐ Delete  
 NAME **FAUSTMANN, DIANA V**  
 STREET ADDRESS **5816 AUVERS BOULEVARD #201**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **VD** ☐ Delete  
 NAME **CARRASCO, CARLOS M**  
 STREET ADDRESS **5816 AUVERS BOULEVARD #201**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)