

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90088 019 \*\*\*\*70.00

**DOCUMENT # N03947**

1. Entity Name

**EARTH FOUNDATION INC.**

Principal Place of Business

Mailing Address

8420 ULMERTON RD  
 #404  
 LARGO FL 33771  
 US

8420 ULMERTON RD  
 #404  
 LARGO FL 33771-3882  
 US

2. Principal Place of Business

8380 ULMERTON RD.

3. Mailing Address

8380 ULMERTON RD.

Suite, Apt. #, etc.

# 304

Suite, Apt. #, etc.

# 304

City & State

LARGO, FL

City & State

LARGO, FL.

4. FEI Number

59-2972760

Applied For

Not Applicable

Zip

33771

Country

U.S.

Zip

33771

Country

U.S.

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

SAMS, LAURIE B  
 3844 BEE RIDGE ROAD  
 SUITE 202  
 SARASOTA FL 34233

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  Delete  
 NAME **D WADE, MICHAEL D.(EX. D)**  
 STREET ADDRESS **4110 GRAY STREET W**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WAY, TIMOTHY S.**  
 STREET ADDRESS **111 21ST STREET SE**  
 CITY-ST-ZIP **RUSKIN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D WADE, EDWARD J.**  
 STREET ADDRESS **4110 GRAY STREET W**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael D. Wade*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APRIL '00 727 535-6217  
 Date Daytime Phone #

CR2E037 (9/99)