

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90014 027 ****61.25

DOCUMENT # N48617

1. Entity Name

LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.

Principal Place of Business

Mailing Address

451 OLYMPUS DR.
 JUNO BEACH FL 33408-2309

25802 PRAIRIESTONE DR
 LAGUNA HILLS CA 92653-6109
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0352349

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

7. Name and Address of New Registered Agent

JUCENAS, BRONE M.
 451 OLYMPUS DRIVE
 JUNO BEACH FL 33408

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 **P**
 STREET ADDRESS **JUCENAS, BRONE M.**
 CITY-ST-ZIP **451 OLYMPUS DRIVE**
JUNO BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
 STREET ADDRESS **AVIZONIS, LIUDA V.**
 CITY-ST-ZIP **25802 PRAIRIESTONE DR.**
LAGUNA HILLS CA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **AVIZONIS, PETRAS V.**
 CITY-ST-ZIP **25802 PRAIRIESTONE DR.**
LAGUNA HILLS CA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LIAUKUS, MILDA E.**
 CITY-ST-ZIP **21 BROWNSON DR.**
SHELTON CT

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **LIAUKUS, SIGITAS**
 CITY-ST-ZIP **21 BROWNSON DR.**
SHELTON CT

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MCCOMAS, GREGORY B M.D.**
 CITY-ST-ZIP **6578 CANYON COVE PR.**
SALT LAKE CITY UT

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: *Liuda V. Avizonis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 944-362-1472
 Date Daytime Phone #

CR2E037 (9/99)