

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90005 036 ****61.25

DOCUMENT # N48617

1. Entity Name

LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.

Principal Place of Business

~~451 OLYMPUS DR.~~
JUNO BEACH FL 33408-2309

Mailing Address

25802 PRAIRIESTONE DR
LAGUNA HILLS CA 92653
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

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

1933 Ridge Pl.
No. Palm Beach,

FL

Zip Code

33408

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

Liuda V. Avizonis

Liuda V. Avizonis, S.T

2/2/01

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**
JUCENAS, BRONE M.
 STREET ADDRESS ~~**451 OLYMPUS DRIVE**~~ **1933 Ridge Rd.**
 CITY-ST-ZIP ~~**JUNO BEACH FL**~~ **No Palm Beach, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST**
AVIZONIS, LIUDA V. **33408**
 STREET ADDRESS **25802 PRAIRIESTONE DR.**
 CITY-ST-ZIP **LAGUNA HILLS CA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE OF REGISTERED AGENT

2/2/01

949-362-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)