

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90165 023 ****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 33409-2909~~

*1933 Ridge Rd.
 North Palm Beach,
 FL 33408*

25802 PRAIRIESTONE DR
 LAGUNA HILLS CA 92653
 US

800040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352349

Applied For

Not Applicable

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.
 1933 RIDGE ROAD
 NORTH PALM 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	P	<input type="checkbox"/> Delete
NAME	JUCENAS, BRONE M.	
STREET ADDRESS	1933 RIDGE ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AVIZONIS, LIUDA V.	
STREET ADDRESS	25802 PRAIRIESTONE DR.	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVIZONIS, PETRAS V.	
STREET ADDRESS	25802 PRAIRIESTONE DR.	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIAUKUS, MILDA E.	
STREET ADDRESS	21 BROWNSON DR.	
CITY-ST-ZIP	SHELTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIAUKUS, SIGITAS	
STREET ADDRESS	21 BROWNSON DR.	
CITY-ST-ZIP	SHELTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMAS, GREGORY B M.D.	
STREET ADDRESS	6578 CANYON COVE PR.	
CITY-ST-ZIP	SALT LAKE CITY UT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

949-362-1472

Daytime Phone #