

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90035 009 ****61.25

DOCUMENT # N98000003224

1. Entity Name

THE IABC FOUNDATION OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

**4976 S.W. BIMINI CIRCLE S.
 PALM CITY FL 34990**

**4976 S.W. BIMINI CIRCLE S.
 PALM CITY FL 34990-1253**

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

65-0841477

Applied For

Not Applicable

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

**FIRLEY, CARL F
 4976 S.W. BIMINI CIRCLE S.
 PALM CITY FL 34990**

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	D	<input type="checkbox"/> Delete
NAME	FIRLEY, CARL F	
STREET ADDRESS	4976 S.W. BIMINI CIRCLE S.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIRLEY, SIRKKA S	
STREET ADDRESS	4976 S.W. BIMINI CIRCLE S.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CLOCK, GEORGE D	
STREET ADDRESS	4976 S.W. BIMINI CIRCLE S.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CLOCK, CLARA	
STREET ADDRESS	4976 S.W. CBIMINI CIRCLE S.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JERRY V. CAIN, CPA	
STREET ADDRESS	1841 PALM CITY ROAD	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JOHN H. LEWIS	
STREET ADDRESS	1465 NW SWEETBAY CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Carl F. Firley
President

April 25, 2000 (561) 283-2180

Date

Daytime Phone #

CR2E037 (9/99)