

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701745

1. Entity Name

QUANTUM FOUNDATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90098 006 ****61.25

Principal Place of Business

505 SOUTH FLAGLER DRIVE
SUITE 220
WEST PALM BEACH FL 33401
US

Mailing Address

505 SOUTH FLAGLER DRIVE
SUITE 220
WEST PALM BEACH FL 33401-5941
US

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

59-0812783

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

CORBETT, JEANNETTE M
QUANTUM FOUNDATION, INC.
505 SOUTH FLAGLER DRIVE, SUITE 220
W. PALM BEACH FL 33401

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 TR
STREET ADDRESS LEVIN, STEPHEN A
CITY-ST-ZIP 350 ROYAL POINCIANA WAY, SUITE 322B
PALM BEACH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VC
STREET ADDRESS MOORE, STEPHEN C
CITY-ST-ZIP 5757 LAKE WORTH RD
GREENACRES FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME C
STREET ADDRESS MEYER, WILLIAM A
CITY-ST-ZIP 1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TR
STREET ADDRESS MCNICHOLAS, ANTHONY
CITY-ST-ZIP 515 N FLAGLER DR
WEST PALM BEACH FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VCTS
STREET ADDRESS KINTZ, JAMES P
CITY-ST-ZIP 190 ATLANTIS BLVD.
ATLANTIS FL 33462

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME TR
STREET ADDRESS FALK, MARSHALL MD
CITY-ST-ZIP 3120 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

☐ Change ☐ Addition
TITLE
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:

Jeannette M Corbett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000
Date

561/832-7497
Daytime Phone #

CR2E037 (9/99)