

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701745

1. Entity Name

QUANTUM FOUNDATION, INC.

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
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

1/30/2001
Date

561/832-7497
Daytime Phone #

C: 3519

CR2E037 (10/00)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90076 032 ****61.25



DO NOT WRITE IN THIS SPACE