2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90039 023 ****61.25

DOCUMENT # 755735

1. Entity Name

THOMSEN FOUNDATION, INC.

Principal Place of Business	Mailing Address
% FRANCES D. THOMSEN 1941 W. OAKLAND RARK BLVD. FT LAUDERDALE FL 33311	% FRANCES D. THOMSEN 1941 W. OAKLAND RARK BLVD. FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
701 E COMMERCIAL BLVD		701 E COMMERCIAL BLVD	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State FT LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33334	Country USA	Zip 33334	Country USA

4. FEI Number 59-2070983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSEN, FRANCES D.
1941 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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 Frances D Thomsen

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

TITLE	PTD	☐ Delete
NAME	THOMSEN, CARL J	
STREET ADDRESS	1941 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	☐ Delete
NAME	THOMSEN, FRANCES	
STREET ADDRESS	1941 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ Delete
NAME	THOMSEN, NANCY L	
STREET ADDRESS	1941 W OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (9/99)

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: Nancy L Thomsen REQUIRED 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NANCY L THOMSEN