## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # 755735** 1. Entity Name THOMSEN FOUNDATION, INC. 05-14-2001 90028 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 701 E. COMMERCIAL BLVD. 701 E. COMMERCIAL BLVD. STE. 300 STE. 300 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2070983 Not Applicable --- Zip --Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Greet Address (P.O. Box Number is Not Acceptable) 701 E. COMMEDEUAL BLU THOMSEN, FRANCES D. 1941 W. OAKLAND PARK BLVD FORT LAUDERDALE FL 83344 Zip Code ourpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statem Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE NAME THOMSEN, CARL J STREET ADDRESS <del>-1941 W OAKLAND PARK B</del> CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL-00000 Delete TITLE SD TITLE THOMSEN, FRANCES STREEP ADDITION NAME 701 E. COMMERCU STREET ADDRESS -1941-W-OAKLAND PARK-BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE THOMSEN, NANCY L 701 E NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

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 dustee 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #