

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

La Romana Emergency Relief Fund, Inc.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90193 028 ****61.25

Principal Place of Business

5900 North Andrews Avenue
Suite 1000
Ft. Lauderdale, FL 33309

Mailing Address

5900 North Andrews Avenue
Suite 1000
Ft. Lauderdale, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0867290

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES \$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	V.	<input type="checkbox"/> Delete
NAME	Parnofiello, James M.	
STREET ADDRESS	5900 North Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	CD	<input type="checkbox"/> Delete
NAME	Folz, Theo W.	
STREET ADDRESS	5900 North Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ellis, Gary R.	
STREET ADDRESS	5900 North Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	Aiello, Melissa	
STREET ADDRESS	5900 North Andrews Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Oddo, Robert	
STREET ADDRESS	4410 N. State Rd 7, Ste. 100, Bldg	
CITY-ST-ZIP	Fort Lauderdale, FL 33319 J	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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

Gary R. Ellis, Director 4/6/2000 (954) 772-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)