## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # N0200001007

1. Entity Name

SUITE 126

Principal Place of Business

SIGNATURE: X

11382 PROSPERITY FARMS ROAD

THE M.C.L. FOUNDATION, INC.



**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90112 019 \*\*\*\*61.25

561 - 691 0104 Daytime Phone #

2-6-03



PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ C⊦	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	010614243   Not Applicable		
Zip	Country	Zip	Country	5. Certificate of State	- Fee Required	itional I	
6. Name and Address of Current Registered Agent			None	7. Name and Address of New Registered Agent			
Suite 12 Palm Be	OSPERITY FARMS ROAD 6 ACH GARDENS FL 33410		Street Address	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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW: FEE S \$61.25  9. Election Campaign F Trust Fund Contribution				\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S	itate	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   LANE, MARCIA C   11382 PROSPERITY FARMS RO   PALM BEACH GARDENS FL 334		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALETTA, TAMMY 11382 PROSPERITY FARMS RO PALM BEACH GARDENS FL 334	Delete AD, SUITE 126	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARGO, DEIDRRE 11382 PROSPERITY FARMS RO PALM BEACH GARDENS FL 334	AD, SUITE 126	NAME STREET ADDRESS CITY-ST-ZIP		- Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filling 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.							