

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15932

1. Entity Name

THE FORTIN FOUNDATION OF FLORIDA, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90092 039 \*\*\*\*61.25

Principal Place of Business

125 WORTH AVE.  
PALM BEACH FL 33480

Mailing Address

125 WORTH AVE.  
PALM BEACH FL 33480-4413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

81-6009207

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

ANGELL CORPORATE SERVICES, INC.  
250 ROYAL PALM WAY  
STE 300  
PALM BEACH FL 33480

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:**  
**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 PD ☐ Delete  
NAME FORTIN, MARY ALICE  
STREET ADDRESS 345 AUSTRALIAN AVENUE  
CITY-ST-ZIP PALM BEACH FL

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

TITLE STD ☒ Delete  
NAME CHOPIN, L. FRANK  
STREET ADDRESS %440 ROYAL PALM WAY #200  
CITY-ST-ZIP PALM BEACH FL

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

TITLE VD ☐ Delete  
NAME CHANNING, SUSAN S  
STREET ADDRESS 75 ANSON STREET  
CITY-ST-ZIP CHARLESTON SC

TITLE ☒ Change ☐ Addition  
NAME 1155 PARK AVENUE  
STREET ADDRESS NEW YORK, NY 10021  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME SMITH, LESLY S  
STREET ADDRESS 300 CHAPEL HILL  
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE D ☐ Delete  
NAME CLADIS, NICK R  
STREET ADDRESS 1802 OAK KNOLL PLACE  
CITY-ST-ZIP BILLING MT 59102

TITLE ☒ Change ☐ Addition  
NAME 7818 MOLT DRIVE  
STREET ADDRESS BILLINGS, MT 59106  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Mary Alice Fortin* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 2/24/2000 ✓

CR2E037 (9/99)