

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90252 021 ****61.25

DOCUMENT # N40555

1. Entity Name

THE MICHNAL FOUNDATION, INC.

Principal Place of Business

2956 SE DUNE DR
 STUART FL 34996

Mailing Address

2956 SE DUNE DR
 STUART FL 34996

2. Principal Place of Business

3. Mailing Address

P.O. Box 2663
NOVATOSS, LA 30991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NOVATOSS LA

4. FEI Number

65-0231926

Applied For

Not Applicable

Zip

Country

Zip

Country

30991

UNION

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHNAL, ROBERT J.
2900 S.E. DUNE DR.
#225
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

2956 S.E. DUNE DR

City

STUART

FL

Zip Code

34996

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)

2/3/2001
 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 NAME Delete
DP
MICHNAL, ROBERT J.
 STREET ADDRESS **2900 SE DUNE DR., #225**
 CITY-ST-ZIP **STUART FL**

TITLE NAME Change Addition
 STREET ADDRESS **2956 S.E. DUNE DR**
 CITY-ST-ZIP **STUART, FL 34996**

TITLE NAME Delete
D
MICHNAL, ROMA I.
 STREET ADDRESS **2900 SE DUNE DR., #225**
 CITY-ST-ZIP **STUART-FL**

TITLE NAME Change Addition
 STREET ADDRESS **2956 S.E. DUNE DR**
 CITY-ST-ZIP **STUART, FL 34996**

TITLE NAME Delete
D
HADELMAN, MARTIN
 STREET ADDRESS **2665 MISTY MORNING LANE**
 CITY-ST-ZIP **ROSWELL GA**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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:

SIGNATURE REQUIRED

2/3/2001
 Date

770-446-1514
 Daytime Phone #

CR2E037 (10/00)