

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002762

1. Entity Name

BUFA FOUNDATION, INC.

Principal Place of Business

1727 N. ATLANTIC AVE.
COCOA BEACH FL 32931

Mailing Address

1727 N. ATLANTIC AVE.
COCOA BEACH FL 32931-3226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3189032

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

DACOSTA, STEPHANIE
1727 N. ATLANTIC AVE.
COCOA BEACH FL 32931

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 D ☐ Delete
NAME FORNESS, RACHEL
STREET ADDRESS 333 SOUTH ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE D ☐ Delete
NAME HUNTER, JACK ESQ
STREET ADDRESS 1980 N. ATLANTIC AVE., #412
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE D ☐ Delete
NAME DACOSTA, STEPHANIE
STREET ADDRESS 1980 N. ATLANTIC AVE., SUITE 601
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE D ☐ Delete
NAME YAGER, PAM
STREET ADDRESS 200 S BANANA RIVER BLVD, #2202
CITY-ST-ZIP COCOA BCH FL 32931

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

TITLE D ☐ Delete
NAME DIXON, JOYCE
STREET ADDRESS 29 FAIRWAY DR
CITY-ST-ZIP COCOA BCH FL 32931

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90007 027 ****61.25

80015274



DO NOT WRITE IN THIS SPACE