

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90024 003 ****61.25

DOCUMENT # N93000005785

1. Entity Name

SHAY FOUNDATION, INC.

Principal Place of Business

Mailing Address

105 ARVIDA PARKWAY
 CORAL GABLES FL 33156

105 ARVIDA PARKWAY
 CORAL GABLES FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0455713

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

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI, INC.
201 S BISCAYNE BLVD
SUITE 1600
MIAMI FL 33131

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	DCP	<input type="checkbox"/> Delete
NAME	SHAY, RODGER D SR	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHAY, RODGER D JR	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SHAY, GRACE D	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUCHANAN, LYNN A	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHAY, RYAN E	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOTTER, LORI A	
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	

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
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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: **RODGER D. SHAY** 2/24/02

CF2E037 (9/01)