

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90035 026 \*\*\*\*61.25

**DOCUMENT # N94000004833**

1. Entity Name

**OLD DILLARD FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1009 NW 4TH ST  
 FT LAUDERDALE FL 33311  
 US

1009 NW 4TH ST  
 FT LAUDERDALE FL 33311-8935  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0543947**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CRAWFORD, CARL D**  
**2737 NW 24TH AVE**  
**OAKLAND PARK FL 33311**

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 *Carl M. Crawford, Vice President*

*2/10/00*

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	DV	<input type="checkbox"/> Delete
NAME	CRAWFORD, CARL D	
STREET ADDRESS	2737 NW 24TH ST	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GALLON, LINDA	
STREET ADDRESS	3830 N.W. 23 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESROSIERS, MARIE-CAROL	
STREET ADDRESS	3321 FARRAGUT ST., #E	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAMMOND, JACQUI	
STREET ADDRESS	5881 NW 57TH AVE, #5	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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: *Carl M. Crawford, Vice President* *2/10/00* *954-765-6952*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)