2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N95000005596 May 22, 2000 8:00 am Secretary of State 1. Entity Name THE TRUMPETER FOUNDATION, INC. 05-22-2000 90009 016 ****61.25 Mailing Address Principal Place of Business 6320 SUNSET DR. 6320 SUNSET DR. SO. MIAMI FL 33143 SO. MIAMI FL 33143-4823 3. Mailing Address 2. Principal Place of Business 6767 Synset SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4747 19ET DRIVE City & State City & State 4. FEI Number Applied For MIAMIC, FL 65-0622178 Not Applicable Country Country \$8.75 Additional ^{ZB}33443 5. Certificate of Status Desired 484 USÁ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME Street Address (P.O. Box Number is Not Acceptable) SWANKO, EDWARD H SR. 7100 SW 88TH ST_STE, 100 # 7 W MIAMLEL 33156 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Change Change TITLE \$5 TITLE 💢 Delete NAME NAME MIDDLETON, ANNITA STREET ADDRESS STREET ADDRESS 4736 NW 167TH ST. EC. CITY-ST-ZIP CiTY-ST-ZIP MIAMI FL 33014 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME GORDON, J. DENNIS NAME STREET ADDRESS STREET ADDRESS 6741 W. SUNRISE BLVD., STE. 8 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33313 ☐ Change Addition 🔀 Delete TITLE TITLE PAPPAS, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 1355 W. 49TH ST. City-St-7IP CITY-ST-ZIP HIALEAH FL 33023 Change Addition ☐ Delete TITLE TITLE SWANKO, MARTIELE P 4747 Surget Dr. # 200 NAME NAME 7-100-SW 80TH ST., STE. 100 Min, FL 33143 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP 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