2001 UNIFO	RM BUSINESS REPORT (UBR)
DOCUMENT #	N95000005596

THE TRUMPETER FOUNDATION, INC.

Principal Place of Business Mailing Address 6267. SUNSET-DR.: CTE 200 6767 SUNSET OR., STE 200 MIAMI FL 09142 MIAMI FL 33142 6790 hulur Drive # 200

1204-1100 2300		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

## **FILED** Sep 10, 2001 8:00 am Secretary of State

05-16-2001 90388 016 \*\*\*\*61.25

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City & State		City & State			4. FEI Number 65-062217	70		Applied For
Mary	+(				05-002217	0		Not Applicable
Zip 33155	Country US A	Zip	Country		5. Certificate of Status Desired		\$8.75 Fee Re	Additional quired
6. Nan	ne and Address of Curre	nt Registered Agent	•		7. Name and Address of New	Registered	Agent -	
SWANKO, EDWAR 6767 SUNSET DR MIAMI FL 33143				Street Address	(PO. Box Number is Not Accepta	ole) FI	Zio	Sode -
8. The above named en	tity submits this statement	for the purpose of changin	g its register	l ed office or regist	ered agent, or both, in the state of l		= 1 ~ >	7 W

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11./ ☐ Delete TITĹE Change Addition Stockwell Happe (b, s) STOCKWELL, MARC NAME NAME Dr. Suste 200 6767 SUNSET DR., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Correlan, Demis (D) GORDON, J. DENNIS NAME NAME 6790 Miller Dr. Suste 200 STREET ADDRESS 6767 SUNSET DR., STE 200 STREET ADDRESS MIAW, FL 33150 MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP Scanko, Martile (D.P.) & Change - Addition TITLE Delete -TITLE .--SWANKO, MARTIELE P NAME NAME 250 Miller Dr. Sude 200 STREET ADDRESS 6767 SUNSET DR., STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

9/04/01

30568-6921

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	NIFORM BUS	<del></del>		r (UBR)	5/16/01-	90388-016-\$61.25-\$ ACAM	661.25	
Entity Name	TER FOUNDATION, INC		•			DLD For	M =	
Principal Place of Bus	E 200	Mailing Addr	ess F DR., STE 200	1	1	10100	<b>2</b> ).	
WIAMI FL 00142 32	xpt rbrive #200 A	MIAMI FL 331		· ·		1908	ン (	
2. Principal Place of (	Business	3. Mailing Ad	<i>c</i> /~	<u>S</u>				
City & State	· · · · · · · · · · · · · · · · · · ·	Suite, Apt			4. FEI Number	DO NOT WRITE IN THI	S SPACE Applied For	
MANU,	Country (J.A.	Zip	C	Country .	5. Certificate of	65-0622178  Status Desired	\$8.75 Additional Fee Required	ple
6. N	ame and Address of Current	Registered Ager	11	Name	7. Name and A	ddress of New Registered		
SWANKO, EDWA 6767 SUNSET D				Street Address	(P.O. Box Number	A Not Acceptable)		
MIAMI FL 33143	;			City	<del>~',</del>	F	L 37200	
8. The above named	entity submits this statement for	the purpose of	hanging its registe	ered office or regist	ered agent, or both.	in the state of Florida.		
SIGNATURE	(					. Jul		
	typed or printed name of registered agent a	nd title II applicable.	(NOTE: Registe	sred Agent signature requin	od when rainstating)	DATE		
Signature,	LE NOW: : IS \$61.25	9. Election ) Trust Fo	(NOTE: Registern Campaign Finance and Contribution.	cing S5.	00 May Be od to Fees	Make Check Departmen	Payable to	
FILE  10.  TITLE  NAME STOC  STREET ADDRESS  6767	LE NOW:	9. Election ) Trust Fo	n Campaign Finance and Contribution.	cing S5.	OO May Be do to Fees  ADDITIONS/CHAN	Make Check Department GES TO OFFICERS AND C	Payable to	710/
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