2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State
05-16-2001 90388 016 ****61.25

DOCUMENT # N95000005596

1. Entity Name

THE TRUMPETER FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~6767 SUNSET DR., STE 200 MIAMI FL 33142~~ 6790 Miller Drive # 200 Miami, FL 33155	~~6767 SUNSET DR., STE 200 MIAMI FL 33142~~

12283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6790 Miller Dr.	Same
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33155 Country: USA	Zip Country

4. FEI Number 65-0622178 ☐ 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
SWANKO, EDWARD H SR. 6767 SUNSET DR., #200 MIAMI FL 33143	Name Street Address (P.O. Box Number is Not Acceptable): 6790 Miller Dr. Suite 200 City: Miami FL Zip Code: 33155

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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STOCKWELL, MARC 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	Stockwell Mark (D,S) 6790 Miller Dr. Suite 200 Miami, FL 33155 D,S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, J. DENNIS 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	Gordon, Dennis (D) 6790 Miller dr. Suite 200 Miami, FL 33155 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWANKO, MARTIELE P 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	Swanko, Martiele (D,P) 6790 Miller Dr. Suite 200 Miami, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/01)

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: S/Martiele Swanko 9/04/01 305 68-6411

5/16/01-90388-016-$61.25-$61.25

Attachment
OLD FORM

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005596

1. Entity Name

THE TRUMPETER FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~6267 SUNSET DR.~~, STE 200 MIAMI FL ~~33143~~ 3315 6790 Miller Drive, #200, Miami FL 3315	6767 SUNSET DR., STE 200 MIAMI FL 33142

12283

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6790 Miller Drive, #200	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 3315 Country: USA	Zip Country

4. FEI Number: 65-0622178 ☐ 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
SWANKO, EDWARD H SR. 6767 SUNSET DR., #200 MIAMI FL 33143	Name Street Address (P.O. Box Number Not Acceptable): 6790 Miller Dr #200 City: Miami, FL Zip Code: 3315

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STOCKWELL, MARC 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marc Stockwell (DS) 6790 Miller dr #200 Miami FL 3315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, J. DENNIS 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dennis Gordon, (D) 6790 Miller Dr #200 Miami FL 3315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWANKO, MARTIELE P 6767 SUNSET DR., STE 200 MIAMI FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Swanko-Martiele (DP) 6790 Miller Dr. #200 Miami FL 3315	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Martiele Swanko REQUIRED 4/24/01 (305) 668-6462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #