2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State
03-16-2000 90089 012 ****70.00

DOCUMENT # N96000006375

1. Entity Name

THE EUREKA FOUNDATION, INC.

Principal Place of Business	Mailing Address
38 ST THOMAS DRIVE PALM BEACH GARDENS FL 33418 US	38 ST THOMAS DR PALM BEACH GARDENS FL 33418-4598 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
807 Edgeforest Terrace	807 Edgeforest Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State: Sanford, FL
Zip: 32771 Country: Seminole	Zip: 32771 Country: Seminole

4. FEI Number: 59-3414369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHOQUIST, THOMAS L
38 ST THOMAS DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name: SHOQUIST, THOMAS L.
Street Address (P.O. Box Number is Not Acceptable): 807 Edgeforest Terrace
City: Sanford FL Zip Code: 32771

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: Thomas L. Shoquist 3/13/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHOQUIST, VICKI L 38 ST THOMAS DR PALM BCH GARDENS FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHOQUIST, PAUL W 38 ST THOMAS DR PALM BEACH GARDENS FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHOQUIST, LAURIE A 38 ST TJP,AS DR PALM BEACH GARDENS FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHOQUIST, THOMAS L 38TH ST THOMAS DR PALM BEACH GARDENS FL 33418	☐ 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

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: Thomas L. Shoquist THOMAS L SHOQUIST 3/13/00 561-308-5358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E087 (9/99)