

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90001 017 \*\*\*\*70.00

DOCUMENT # N97000000102

1. Entity Name

PODHURST FAMILY SUPPORTING  
 FOUNDATION, INC

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD  
 MIAMI, FL 33137

00068839

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0920334

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

STEPHEN E. ROSE  
 4200 BISCAYNE BLVD  
 MIAMI, FL 33137

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

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  Delete  
 NAME D BREN, NEDRA  
 STREET ADDRESS 3526 BAYSHORE VILLAS DRIVE  
 CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D BRODIE, MYRON  
 STREET ADDRESS 4200 BISCAYNE BLVD  
 CITY-ST-ZIP MIAMI, FL 33137

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D, T SOLOMON, JACOB  
 STREET ADDRESS 4200 BISCAYNE BLVD  
 CITY-ST-ZIP MIAMI, FL 33137

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D, S ROSE, STEPHEN E.  
 STREET ADDRESS 4200 BISCAYNE BLVD  
 CITY-ST-ZIP MIAMI, FL 33137

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D OLIN, MICHAEL  
 STREET ADDRESS 25 W. FLAGLER ST  
 CITY-ST-ZIP MIAMI, FL 33128

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D. PODHURST, AARON  
 STREET ADDRESS 16200 WEST PRESTWICK PLACE  
 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  Change  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:

*Stephen E. Rose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00

305-576-4000

Date

Daytime Phone #

CR2E037 (9/99)