# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 08, 2001 8:00 am**
**Secretary of State**
02-08-2001 90056 042 ****61.25

DOCUMENT # N98000005914

1. Entity Name

IMMACULATE CONCEPTION FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 503 DELANNOY AVENUE<br>COCOA FL 32922 | 503 DELANNOY AVENUE<br>COCOA FL 32922 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3551363 ☐ 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 |
|---|---|
| HENRIQUEZ, A A<br>503 DELANNOY AVENUE<br>COCOA FL 32922 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 1/27/01
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 | D<br>HENRIQUEZ, A A<br>503 DELANNOY AVENUE<br>COCOA FL 32922 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENRY BURSIAN<br>555 RIVER MOORINGS DR<br>MERRITT ISLAND, FL 33953 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ESPINAL, FELIX<br>12042 CAROLINA WOODS LN.<br>ORLANDO FL 32824 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIGUEZ, LUIS<br>3952 VALENCIA GROVE LN<br>ORLANDO, FL 32817 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HERNANDEZ, JUANA<br>14124 LORD BARCLAY DRIVE<br>ORLANDO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RODRIGUEZ, ROSAURA<br>3952 VALENCIA GROVE LN<br>ORLANDO, FL 32817 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHADWICK, NAGALIS<br>3227 E. FOREST HILL DRIVE<br>COCOA FL 32803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENRIQUEZ, MARGARITA<br>71 RIVER RIDGE DR<br>ROCKLEDGE, FL 32955 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MANRIQUE, ROGELIO<br>408 E. RIDGEWOOD STREET<br>ORLANDO FL 32803 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PUELLO, RICHARDO<br>5772 LYNCH DR<br>MARIANNA FL 32446 | ☐ 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:** SIGNATURE REQUIRED 1/27/01 321-631-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #