

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001758

1. Entity Name

THE SUNSHINE CATHEDRAL FOUNDATION, INC.

Principal Place of Business

330 SW 27 STREET
FORT LAUDERDALE FL 33315

Mailing Address

330 SW 27 STREET
FORT LAUDERDALE FL 33315-2634

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

31-1655484

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

BLOOMGARDEN, PAUL
8551 WEST SUNRISE BOULEVARD
SUITE 208
FORT LAUDERDALE FL 33322

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 D ☐ Delete
NAME CRIST, VIRGINIA PHD
STREET ADDRESS 500 S OCEAN WAY #605
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FORD, GRANT L PASTOR
STREET ADDRESS 4115 SW 49TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33314-5613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAHAM, ROBERT S MD
STREET ADDRESS 333 SUNSET DRIVE #801
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAVES, JOHN C PHD
STREET ADDRESS 2500 E LAS OLAS #1006
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAWRENCE, WALTER L
STREET ADDRESS 3 ISLA BAHIA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316-2307

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RATCLIFFE, DAVID E
STREET ADDRESS 2860 NE 55TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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:

Robert S. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2000

Date

(954) 524-0960

Daytime Phone #

CR2E037 (9/99)