## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2000 8:00 am DOCUMENT # P99000021755 1. Entity Name Secretary of State FOUNDATION I, INC. 01-19-2000 90004 043 \*\*\*150.00 Mailing Address Principal Place of Business 122 OLYMPUS WAY 122 OLYMPUS WAY JUPITER FL 33477-7301 JUPITER FL 33477 U U U U V V A V V 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0905580 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WAXMAN, BRIAN K ESQ. Street Address (P.O. Box Number is Not Acceptable) 122 OLYMPUS WAY JUPITER FL 33477 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE WAXMAN, BRIAN K ESQ. NAME NAME STREET ADDRESS 122 OLYMPUS WAY STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIF Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.