

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749334

1. Entity Name

THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90033 037 ****61.25

Principal Place of Business	Mailing Address
2561 CORAL WAY MIAMI FL 33415 US	2561 CORAL WAY SUITE 401 MIAMI FL 33145-3403 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		2561 CORAL WAY (NO SUITE #, DELETE SUITE #)	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33145			

4. FEI Number	Applied For
59-1998522	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CUMMINGS, JENNIFER 2561 CORAL WAY SUITE 401 MIAMI FL 33145

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
DELETE SUITE #		
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 Jennifer Cummings DATE 1/17/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	BUTCHER-ORTIZ, CARMEN
STREET ADDRESS	6305 CABALLERO BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	VD <input type="checkbox"/> Delete
NAME	GRIFFIN, ANN
STREET ADDRESS	1847 SW 24TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	TD <input type="checkbox"/> Delete
NAME	LUCAS, HOWARD
STREET ADDRESS	2121 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD <input type="checkbox"/> Delete
NAME	MOORMAN, ROBERT
STREET ADDRESS	915 E. L45 OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Howard Lucas DATE 2/28/00 DAYTIME PHONE # (305) 442-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)