

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24096

1. Entity Name

COURY FAMILY FOUNDATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90039 019 ****70.00

Principal Place of Business

Mailing Address

~~9627 S. DIXIE HWY~~
~~#203~~
MIAMI FL 33156
US

P.O. BOX 343914
CORAL GABLES FL 33114
US

2. Principal Place of Business

20458 Old Cutler Rd.

3. Mailing Address

P.O. Box 143914

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

CORAL GABLES FL

4. FEI Number

65-0053690

Applied For

Not Applicable

Zip

33189

Country

US

Zip

33114

Country

US

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

ADDRESS CHANGE

MULLER, CHARLES E. II
9400 S. DADELAND BLVD SUITE 1707
MIAMI FL 33156

Name

CHARLES E. MULLER II

Street Address (P.O. Box Number is Not Acceptable)

9350 So DIXIE HWY SUITE 1550

City

MIAMI

FL

Zip Code

33156

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 *Charles Muller*
Signature, typed or printed name of registered agent and title if applicable

Charles Muller, Registered Agent

3/21/00

(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 TD
STREET ADDRESS COURY, AMELIA
CITY-ST-ZIP 9627 S. DIXIE HWY #203
6 MIAMI FL

ADDRESS CHANGE

TITLE ☒ Change ☐ Addition
NAME 20458 Old Cutler Road
STREET ADDRESS MIAMI FL 33189
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS BELL, MARYANN
CITY-ST-ZIP 9627 S. DIXIE HWY #203
6 MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 20458 Old Cutler Road
STREET ADDRESS MIAMI FL 33189
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS LAWRENCE, PATRICIA C.
CITY-ST-ZIP 9627 S. DIXIE HWY #203
6 MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 20458 Old Cutler Road
STREET ADDRESS MIAMI FL 33189
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BELL, PATRICK W.
CITY-ST-ZIP 9627 S. DIXIE HWY #203
SO MIAMI FL

TITLE ☒ Change ☐ Addition
NAME 20458 Old Cutler Road
STREET ADDRESS MIAMI FL 33189
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

PATRICIA C. BELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00

305-371-2902

DIRECTOR

CR2E037 (9/99)