

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003296

1. Entity Name

THE MATHEW FORBES ROMER FOUNDATION, INC.

Principal Place of Business

Mailing Address

PMB#191  
9858 GLADES RD  
BOCA RATON FL 33434

PMB#191  
9858 GLADES RD  
BOCA RATON FL 33434-3983

2. Principal Place of Business

3. Mailing Address

19520 PRESERVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

USA

Zip

33498

Country

USA

4. FEI Number

65-0849159

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

Name

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

City

FL

Zip Code

ROMER, KEVIN  
19520 PRESERVE DRIVE  
BOCA RATON FL 33498

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

*Kevin Romer*

KEVIN ROMER PRESIDENT

3/26/00

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	PD	<input type="checkbox"/> Delete
NAME	ROMER, KEVIN	
STREET ADDRESS	19520 PRESERVE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROMER, LISAJANE	
STREET ADDRESS	19520 PRESERVE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, CARL	
STREET ADDRESS	5901 CAMINO DEL SOL - 401	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMER, CAROLE	
STREET ADDRESS	19731 N.E. 24TH AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

*Kevin Romer* KEVIN ROMER

3/26/00

561 989-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90008 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE