


**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # F01000001444**

1. Entity Name  
**THE ARK FOUNDATION, INC.**

U.S. DEPT. OF JUSTICE



|   |         |   |         |
|---|---------|---|---------|
| City & State<br><u>Coral Springs FL</u> |         | City & State<br><u>Coral Springs FL</u> |         |
| Zip<br><u>33075</u>                     | Country | Zip<br><u>33075</u>                     | Country |

|   |  |                |
|---|--|----------------|
| 6. Name and Address of Current Registered Agent                           |  | Name           |
| MCNAMARA, THOMAS P<br>2909 BAY TO BAY BLVD., SUITE 309<br>TAMPA, FL 33629 |  | Street Address |
|   |  |                |
|   |  | City           |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTD<br>SERBIN, JAY<br>P.O. BOX 771717<br>CORAL SPRINGS, FL 33077   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>P.O. Box 8847<br>CORAL SPRINGS, FL 33075 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>SERBIN, BRUCE<br>P.O. BOX 771717<br>CORAL SPRINGS, FL 33077  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>P.O. Box 8847<br>CORAL SPRINGS, FL 33075 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>SERBIN, CAROL<br>P. O. BOX 771717<br>CORAL SPRINGS, FL 33077 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>P.O. Box 8847<br>CORAL SPRINGS, FL 33075 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:**

*Jay Sabin* JAY SABIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #