

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90725 050 ****61.25

0041518

DOCUMENT # 753424

1. Entity Name

**HARCOURT M. AND VIRGINIA W. SYLVESTER FOUNDATION
, INC.**



Principal Place of Business

**500 SOUTH OCEAN BLVD
PALM BEACH FL 33480**

Mailing Address

**C/O FIRST NATIONAL IN PALM BEACH
255 S COUNTY RD
PALM BEACH FL 33480
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2018824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SYLVESTER H. M.
500 S OCEAN BLVD
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Jayne S. Malfitano

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

2323 Areca Palm Drive Road

City

Boca Raton

FL

Zip Code

33432

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

Jayne S. Malfitano

(NOTE: Registered Agent signature required when reinstating)

4/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SYLVESTER, HARCOURT M.**
STREET ADDRESS **500 S OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **GILPATRICK, NEVIN B**
STREET ADDRESS **9873 RIDGECREEK RD,**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete
NAME **LINUS, JAMES J**
STREET ADDRESS **1281 BANYAN RD**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD** ☐ Delete
NAME **MALFITANO, JAYNE**
STREET ADDRESS **2323 ARECA PALM RD**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD** ☐ Delete
NAME **CAMERON, LAURA**
STREET ADDRESS **10051 N W 39TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Delete
NAME **MCCOY, JOHN**
STREET ADDRESS **1801 N FLAGLER DRIVE #704**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D / President Emeritus** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **T / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5022 NW 82 Terrace**
CITY-ST-ZIP **Coral Springs, FL 33067**

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:

Jayne S. Malfitano

4/14/03

Date

Daytime Phone

CR2E037 (10/02)