

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196877

1. Entity Name

THRIFT PLAN CORPORATION

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90092 050 ***150.00

0159745

Principal Place of Business

310 ALHAMBRA CR
CORAL GABLES FL 33134
US

Mailing Address

310 ALHAMBRA CR
CORAL GABLES FL 33134
US

80055189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 S. Douglas Rd

Suite, Apt. #, etc.

STE # 607

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

2600 S. Douglas Rd

Suite, Apt. #, etc.

STE # 607

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. FEI Number 59-1116121

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, FRANCES E.
310 ALHAMBRA CR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

2600 S. Douglas Rd.

STE # 607

City

CORAL GABLES

FL

Zip Code

33134

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

Frances E. McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCDONALD, FRANCES E.	
STREET ADDRESS	310 ALHAMBRA CR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HENDRICKS, ROBERT A.	
STREET ADDRESS	310 ALHAMBRA CR	
CITY-ST-ZIP	CORAL GABLES FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, FRANCES E.	
STREET ADDRESS	2600 S. Douglas Rd. STE # 607	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, ROBERT A.	
STREET ADDRESS	2600 S. Douglas Rd STE # 607	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frances E. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)