

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jan 31 1996 8:00 am  
Secretary of State

**DOCUMENT # 701858 (3)**  
1. Corporation Name  
**FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.**



Principal Place of Business: 500 N.W. 20TH ST. BOCA RATON FL 33431  
Mailing Address: 500 N.W. 20TH ST. BOCA RATON FL 33431

3. Date Incorporated or Qualified: **12/30/1960**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-0917284**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **777 Glades Rd.**  
2a. Mailing Address: **777 Glades Rd.**  
22. Suite, Apt. #, etc.:  
23. City & State: **Boca Raton, FL**  
24. Zip: **33431**  
25. Country:  
26. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:  
28. City & State: **Boca Raton, FL**  
29. Zip: **33431**  
30. Country:

9. Name and Address of Current Registered Agent  
**TAYLOR, DON F.**  
**500 N.W. 20TH ST.**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | PD                             | <input type="checkbox"/> DELETE |
| NAME            | FRENCH, WILLIAM C              |                                 |
| STREET ADDRESS  | 1400 N.W. 9TH AVE.             |                                 |
| CITY - ST - ZIP | BOCA RATON FL                  |                                 |
| TITLE           | SD                             | <input type="checkbox"/> DELETE |
| NAME            | PLATT, GEORGE I                |                                 |
| STREET ADDRESS  | 100 NORTHEASE THIRD AVE. FLOOR |                                 |
| CITY - ST - ZIP | FT. LAUDERDALE FL              |                                 |
| TITLE           | TD                             | <input type="checkbox"/> DELETE |
| NAME            | DUNSTON, LEIGH E               |                                 |
| STREET ADDRESS  | P.O. BOX 4587 N/A              |                                 |
| CITY - ST - ZIP | WEST PALM BEACH FL 33402       |                                 |
| TITLE           | ED                             | <input type="checkbox"/> DELETE |
| NAME            | TAYLOR, DON F.                 |                                 |
| STREET ADDRESS  | 777 GLADES ROAD                |                                 |
| CITY - ST - ZIP | BOCA RATON FL                  |                                 |
| TITLE           |                                | <input type="checkbox"/> DELETE |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |   |
|---------------------|---|---|
| 1.1 TITLE           | PD                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | PLATT, GEORGE I.                        |   |
| 1.3 STREET ADDRESS  | FT. LAUDERDALE, 1121 N. RIO VISTA BLVD. |   |
| 1.4 CITY - ST - ZIP | FL 33301                                |   |
| 2.1 TITLE           | VP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | DUNSTON, LEIGH E.                       |   |
| 2.3 STREET ADDRESS  | 777 S. FLAGLER DR., STE. 500E           |   |
| 2.4 CITY - ST - ZIP | WEST PALM BEACH, FL 33402               |   |
| 3.1 TITLE           | SD                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | RADDOCK, JAY                            |   |
| 3.3 STREET ADDRESS  | 350 S. OCEAN BLVD., APT. 9D             |   |
| 3.4 CITY - ST - ZIP | BOCA RATON, FL 33432                    |   |
| 4.1 TITLE           | TD                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | UTLEY, BRIAN                            |   |
| 4.3 STREET ADDRESS  | 1930 SW 8TH ST.                         |   |
| 4.4 CITY - ST - ZIP | BOCA RATON, FL 33486                    |   |
| 5.1 TITLE           | ED                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | TAYLOR, DON F.                          |   |
| 5.3 STREET ADDRESS  | 777 GLADES RD.                          |   |
| 5.4 CITY - ST - ZIP | BOCA RATON, FL 33431                    |   |
| 6.1 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |   |
| 6.3 STREET ADDRESS  |   |   |
| 6.4 CITY - ST - ZIP |   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: Don F. Taylor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 1/23/96 (407) 367-3010 Daytime Phone #

CR2E037 (12/95)