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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90145 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701858**

1. Corporation Name

**FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.**

Principal Place of Business

777 GLADES RD.  
 BOCA RATON FL 33431  
 US

Mailing Address

777 GLADES RD.  
 BOCA RATON FL 33431  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/30/1960**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-0917284**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAU FOUNDATION INC**  
**777 GLADES ROAD**  
**BOCA RATON FL 33431**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **D**  
**DUNSTON, LEIGH**  
 STREET ADDRESS **777 S FLAGLER DR, STE 500E**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33402**

1.1 TITLE  Change  Addition  
 1.2 NAME **Dunston, Leigh**  
 1.3 STREET ADDRESS **Gunster, Yoakley, et al.**  
 1.4 CITY-ST-ZIP **777 S Flagler Dr., Suite 500E**  
**West Palm Beach, FL 33402**

TITLE  DELETE  
 NAME **VPD**  
**UTLEY, BRIAN**  
 STREET ADDRESS **1930 SW 8TH ST**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

2.1 TITLE  Change  Addition  
 2.2 NAME **Utley, Brian**  
 2.3 STREET ADDRESS **Diamond Turf Equipment**  
 2.4 CITY-ST-ZIP **1911 NW 32 St. Pompano Beach, FL 33064**

TITLE  DELETE  
 NAME **SD**  
**RADDOCK, JAY**  
 STREET ADDRESS **350 S. OCEAN BLVD., APT. 9D**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **TD**  
**UTLEY, BRIAN**  
 STREET ADDRESS **1930 SW 8TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

4.1 TITLE  Change  Addition  
 4.2 NAME **TD**  
**Guggenheim, Howard**  
 4.3 STREET ADDRESS **Salomon, Smith Barney**  
 4.4 CITY-ST-ZIP **111 SE First St. Boca Raton, FL 33432**

TITLE  DELETE  
 NAME **ED**  
**COLEMAN, CARLA L**  
 STREET ADDRESS **777 GLADES RD, C/O FAU FOUNDATION**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

5.1 TITLE  Change  Addition  
 5.2 NAME **E**  
 5.3 STREET ADDRESS **S**  
 5.4 CITY-ST-ZIP **Z**

TITLE  DELETE  
 NAME **C**  
**PLATT, GEORGE I**  
 STREET ADDRESS **2930 N. ATLANTIC BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

6.1 TITLE  Change  Addition  
 6.2 NAME **F**  
**Platt, George III**  
 6.3 STREET ADDRESS **Shutts & Bowen, Suite 2000, First Union Ctr**  
 6.4 CITY-ST-ZIP **200 E. Broward Blvd.**  
**Ft. Lauderdale, FL 33301**

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

*Carla L. Coleman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla L. Coleman

561-297-3044

Date

Daytime Phone #

CRZE037 (1/198)