

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 08, 2000 8:00 a
Secretary of State**

02-08-2000 90170 021 ****61.25

DOCUMENT # 701858

1. Entity Name

FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

777 GLADES RD.
BOCA RATON FL 33431
US

777 GLADES RD.
BOCA RATON FL 33431-6424
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

59-0917284

5. Certificate of Status Desired

\$8.75
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Carla L. Coleman, Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNSTON, LEIGH	
STREET ADDRESS	777 S FLAGLER DR, STE 500E	
CITY-ST-ZIP	WEST PALM BEACH FL 33402	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	UTLEY, BRIAN	
STREET ADDRESS	1930 SW 8TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RADDOCK, JAY	
STREET ADDRESS	350 S. OCEAN BLVD., APT. 9D	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUGGENHEIM, HOWARD	
STREET ADDRESS	111SE FIRST ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	ED	<input type="checkbox"/> Delete
NAME	COLEMAN, CARLA L	
STREET ADDRESS	777 GLADES RD, C/O FAU FOUNDATION	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PLATT, GEORGE I	
STREET ADDRESS	2930 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	TD	<input type="checkbox"/> Change x x
NAME	Wheeler, Christopher Clark	
STREET ADDRESS	2255 Glades Rd, Suite 340W	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	C	<input checked="" type="checkbox"/> Change
NAME	Brian Utley	
STREET ADDRESS	One Boca Pl, Suite 337W	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change
NAME	Guggenheim, Howard	
STREET ADDRESS	111 SE First St	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change
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 11, 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, Executive Director 561-297-3440

Date

Daytime Phone #