

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90325 036 ****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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0917284

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 _____

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTLEY, BRIAN	
STREET ADDRESS	1930 SW 8th Street, Boca Raton, FL 33486	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGGENHEIM, HOWARD	
STREET ADDRESS	300 SE 5th Avenue, Apt # 4020	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, CHRISTOPHER	
STREET ADDRESS	7 Sandpiper Drive, Village of Golf	
CITY-ST-ZIP	FL 33436	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

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

2/15/01

Date

(561)297-3044

Daytime Phone #