

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90157 011 \*\*\*\*\*70.00

**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

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**

Applied For

Not Applicable

5. Certificate of Status Desired  **XX**

**\$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  Delete  
 NAME **CD**  
**UTLEY, BRIAN**  
 STREET ADDRESS **1930 SW 8 ST**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME **T/D**  
**Rodriguez, Ramon**  
 STREET ADDRESS **350 E. Las Olas Blvd #1420**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE  Delete  
 NAME **VD**  
**GUGGENHEIM, HOWARD**  
 STREET ADDRESS **300 SE 5 AV APT 4020**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME **C/D**  
**Guggenheim, Howard**  
 STREET ADDRESS **2701 N. Ocean Blvd**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE  Delete  
 NAME **TD**  
**WHEELER, CHRISTOPHER**  
 STREET ADDRESS **7 SANDPIPER DR VILLAGE OF GOLF**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE  Change  Addition  
 NAME **S/D**  
**Wheeler, Christopher**  
 STREET ADDRESS **7 Sandpiper Dr Village of Golf**  
 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE  Delete  
 NAME **TD**  
**GUGGENHEIM, HOWARD**  
 STREET ADDRESS **111SE FIRST ST**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME **V/D**  
**Gimelstob, Herbert**  
 STREET ADDRESS **4330 Live Oak Blvd**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 19.07(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:

*Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)