

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90218 010 \*\*\*\*61.25

**DOCUMENT # 702306**

1. Entity Name

**DR. JOHN T. MACDONALD FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1550 MADRUGA AVE  
 SUITE 215  
 CORAL GABLES FL 33146  
 US**

**1550 MADRUGA AVE  
 SUITE 215  
 CORAL GABLES FL 33146  
 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

**59-0818918**

Applied For

Not Applicable

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

**BREIER, ROBERT G., ESQUIRE  
 2800 PINCE DE LEON BLVD  
 STE 1125  
 CORAL GABLES FL 33134**

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** ☐ Delete  
 NAME **GREENE, KIM**  
 STREET ADDRESS **1550 MADRUGA AVE SUITE 215**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **TARSHAKOVAC, GEORGE**  
 STREET ADDRESS **7000 SW 62 AVE STE B10**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **TARSHAKOVAC, GEORGE**  
 STREET ADDRESS **7000 SW 62 Ave, Suite 310**  
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ Delete  
 NAME **MEKRAS, GEORGE D MD**  
 STREET ADDRESS **7051 SW 62 AVE**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **STARNERS, MARGARET C**  
 STREET ADDRESS **6755 SW 89TH TERR**  
 CITY-ST-ZIP **MIAMI FL 33156**

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

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 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: X Kim Greene**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 667-6017**

CR2E037 (10/00)