

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90145 006 ****61.25

0027030

DOCUMENT # 702325

1. Entity Name

JEFFERSON LEE FORD, III MEMORIAL FOUNDATION, INC



Principal Place of Business

**SUN BANK OF BAL HARBOUR, N. A.
9600 COLLINS AVE.
BAL HARBOUR FL 33154**

Mailing Address

**SUN BANK OF BAL HARBOUR, N. A.
9600 COLLINS AVE.
BAL HARBOUR FL 33154**

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 **52-6037179**

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

**BRYN, KRISTINA B VP
SUNBANK TRUST DEPT.
9600 COLLINS AVENUE
BAL HARBOUR FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	QUATRALE, YVONNE	
STREET ADDRESS	237 GROVE AVE.	
CITY-ST-ZIP	PATCHOGUE N.	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, SANFORD	
STREET ADDRESS	18441 NW 2ND AVENUE #219	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUATRALE, FRANK	
STREET ADDRESS	237 GROVE AVENUE	
CITY-ST-ZIP	PATCHOGUE NY 11772	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERBERT, KURRAS	
STREET ADDRESS	8762 SE RIVERFRONT TERRACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	9600 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATSMAN, ELINOR R	
STREET ADDRESS	3 GROVE ISLE DRIVE C504	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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:

SIGNATURE REQUIRED

6/12/03

305-868-2668

CR2E037 (10/02)