

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703788

1. Entity Name

PEACOCK FOUNDATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90934 041 ****61.25

Principal Place of Business

100 SE 2ND ST
STE 2370
MIAMI FL 33131
US

Mailing Address

100 SE 2ND ST
STE 2370
MIAMI FL 33131-2151
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33131-2145

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33131-2145

Country

4. FEI Number

59-0999759

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

RICKARD, BARBARA A.
100 SE 2ND STREET
STE 2370, INTERNATIONAL PLACE
MIAMI FL 33131

Name

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

STE 2370

City

FL

Zip Code

33131-2145

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 D
STREET ADDRESS BARR, SAMUEL L. JR.
CITY-ST-ZIP 10 MARBELLA CT HAMMOCK CT
PALM COAST FL

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

TITLE ☐ Delete
NAME PTDM
STREET ADDRESS RICKARD, BARBARA A.
CITY-ST-ZIP 100 SE 2ND ST, STE 2370
MIAMI FL

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

TITLE ☒ Delete
NAME VD
STREET ADDRESS HEMMINGS, ARTHUR I
CITY-ST-ZIP 2582 S E 7 COURT
HOMESTEAD FL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS REICHARDT, F C
CITY-ST-ZIP 15 NE 131ST ST
N MIAMI FL 33161

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POST, THOMAS R
CITY-ST-ZIP 901 N.E. SECOND STREET
MIAMI FL 33132

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S/D
STREET ADDRESS HOUGHTON, PETER E.
CITY-ST-ZIP 6520 SW 104 ST
MIAMI, FL 33156

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA A. RICKARD

04/28/2000

(305) 373-1386

Date

Daytime Phone #