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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710444

1. Corporation Name

ROBERT O. LAW FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 11025
FT. LAUDERDALE FL 33339

Mailing Address

POST OFFICE BOX 11025
FT. LAUDERDALE FL 33339



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

02/28/1966

4. FEI Number

59-0914810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEONARD, WILLIAM F.
4875 N. FEDERAL HWY., 10TH FLOOR
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LAW, ROBERT O., III
STREET ADDRESS 2091 BEACHWOOD
CITY-ST-ZIP AMELIA ISLAND FL

TITLE VPD ☐ DELETE

NAME LAW, MARY JANE
STREET ADDRESS 2091 BEACHWOOD
CITY-ST-ZIP AMELIA ISLAND FL

TITLE STD ☐ DELETE

NAME LEONARD, WILLIAM F.
STREET ADDRESS 4875 N. FEDERAL HWY.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME HART, LESLIE LAW
STREET ADDRESS 705-2 E. BIDWELL ST. #198
CITY-ST-ZIP FOLSOM CA

TITLE D ☐ DELETE

NAME LAW, ROBERT O IV
STREET ADDRESS 4904 S. HEMMINGWAY CIR.
CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME USBECK, CAROL J
STREET ADDRESS 8516 N.W. 57TH PLACE
CITY-ST-ZIP TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 50 E. Road, #12-E
1.4 CITY-ST-ZIP Delray Beach, FL 33483

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS P. O. Box 1592
2.4 CITY-ST-ZIP Boca Raton, FL 33429

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 661 S. E. 5th Avenue
5.4 CITY-ST-ZIP Pompano Beach, FL 33060

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with any other like empowered.

SIGNATURE:

William F. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Date

954-776-3600

Daytime Phone #

CRZE037 (11/98)