

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90217 010 \*\*\*\*61.25

**DOCUMENT # 711966**

1. Entity Name

**SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION**

Principal Place of Business

Mailing Address

**1001 BRICKELL BAY DR.  
9TH FLOOR  
MIAMI FL 33131  
US****1001 BRICKELL BAY DR.  
9TH FLOOR  
MIAMI FL 33131-4900  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6175868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**MORRISON, ALBERT JR  
9795 S. DIXIE HIGHWAY  
MIAMI FL 33156**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<input type="checkbox"/> Delete	<b>HUTTON, SUE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<b>1001 BRICKELL BAY DR., 9TH FLOOR</b>				
			<b>MIAMI FL 33131</b>				
	<b>PD</b>	<input type="checkbox"/> Delete	<b>MORRISON, ALBERT JR</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<b>1001 BRICKELL BAY DR., 9TH FLOOR</b>				
			<b>MIAMI FL 33131</b>				
	<b>SD</b>	<input type="checkbox"/> Delete	<b>BURTON, W. KANTER</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<b>1001 BRICKELL BAY DR., 9TH FLOOR</b>				
			<b>MIAMI FL 33131</b>				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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****Jan 26, 2000****305.373-****5500**

CR2E037 (9/99)