

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711966

1. Entity Name

SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6175868

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

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

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

Albert Morrison Jr

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

(NOTE: Registered Agent signature required when reinstating)

3-5-01

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

TITLE D
NAME HUTTON, SUE
STREET ADDRESS 1001 BRICKELL BAY DR., 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE PD
NAME MORRISON, ALBERT JR
STREET ADDRESS 1001 BRICKELL BAY DR., 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE SD
NAME BURTON, W. KANTER
STREET ADDRESS 1001 BRICKELL BAY DR., 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD
NAME Morrison, Joan G.
STREET ADDRESS 1001 Brickell Bay Drive, 9th Floor
CITY-ST-ZIP Miami, FL 33133 ☐ Change ☒ Addition

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

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

Albert Morrison Jr REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01
Date

(305) 323-5500
Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90102 003 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)