

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90332 015 \*\*\*\*61.25

**DOCUMENT # 724958**

1. Entity Name

**FRED SHAW FOUNDATION, INC.**



Principal Place of Business

**C/O CHAMBER SOUTH  
6410 SW 80TH STREET  
MIAMI FL 33143  
US**

Mailing Address

**C/O CHAMBER SOUTH  
6410 SW 80TH STREET  
MIAMI FL 33143  
US**

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 **23-7350267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MASSON, DONNA G  
6410 SW 80TH STREET  
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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 **ST.** ☐ Delete  
NAME **CROSBY, EDITH**  
STREET ADDRESS **12232 SW 128TH STREET**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **PD** ☐ Delete  
NAME **MASSON, DONNA G**  
STREET ADDRESS **7523 SW 95TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **CD** ☒ Delete  
NAME **HARTLEY, BRODES H**  
STREET ADDRESS **10300 SW 216TH STREET**  
CITY-ST-ZIP **MIAMI FL 33190**

TITLE ☐ Change ☒ Addition  
NAME **Chairman/Director**  
STREET ADDRESS **Horton, Richard M.**  
CITY-ST-ZIP **9155 S. Dadeland Blvd. PH II Ste 1812**  
**Miami, FL 33156**

TITLE **VP** ☐ Delete  
NAME **GLYNN, JUDY**  
STREET ADDRESS **7565 SW 141 STREET**  
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☒ Addition  
NAME **Vice Chairman/Director**  
STREET ADDRESS **Bonnet, Robert L.**  
CITY-ST-ZIP **8181 SW 117 Street**  
**Pinecrest, FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Donna G. Masson* **Donna G. Masson President 4/18/03**

CR2E037 (10/02)