

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732598

1. Entity Name

THEODORE NEWMAN MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

7542 GRANVILLE DR
TAMARAC FL 33321

7542 GRANVILLE DR
TAMARAC FL 33321-8737

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, THEODORE R., ESQ.
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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

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 PT ☐ Delete
NAME STEARN, MARGARET NEWMAN
STREET ADDRESS 7542 GRONVILLE DR., BLDG. G
CITY-ST-ZIP TAMARAC FL

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

TITLE D ☐ Delete
NAME STEARN, MARGARET NEWMAN
STREET ADDRESS 7542 GRANVILLE DR., BLDG. G
CITY-ST-ZIP TAMARAC FL

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

TITLE D ☐ Delete
NAME CARR, LOUIS
STREET ADDRESS 7826 ROLLING BROOK
CITY-ST-ZIP HOUSTON TX

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

TITLE D ☐ Delete
NAME CARR, BLANCHE
STREET ADDRESS 7826 ROLLING BROOK
CITY-ST-ZIP HOUSTON TX

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90175 008 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0141744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)

SIGNATURE: *Margaret Newman Stearn* *January 14-2000* 954 726 1293
Date Daytime Phone #