2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # 736813** 1. Entity Name THE CLASSIC FOUNDATION, INC. 03-02-2001 90018 041 ****61.25 Principal Place of Business Mailing Address 11805 HERON BAY BOULEVARD 11805 HERON BAY BOULEVARD CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1926894 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) DOUMAR, RAYMOND A 1177 SE 3RD AVENUE FT LAUDERDALE FL 33316 City 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) ☐ Delete ☐ Addition ☐ Change TITLE TITLE DANLEY, CLIFFORD L NAME NAME 11805 HERON BAY BLVD. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LOSSON, WILLIAM NAME NAME 11805 HERON BAY BLVD STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE AUGUST, JULIA NAME NAME STREET ADDRESS 11805 HERON BAY BLVD. STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-7IP CD ☐ Delete TITLE ☐ Change ☐ Addition TITLE CASE, CY NAME NAME 11805 HERON BAY STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

lefford Z SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

CLIFFORD L. DAVLEYOZ-26-01 (954) 346-4000 X201