

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737142

1. Entity Name

THE GURDJIEFF FOUNDATION OF FLORIDA, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90013 044 ****61.25

Principal Place of Business

6237 MIRAMAR PKWY.
MIRAMAR FL 33023

Mailing Address

6237 MIRAMAR PKWY.
MIRAMAR FL 33023-3941

2. Principal Place of Business

2913 N. 34th Terr.

Suite, Apt. #, etc.

3. Mailing Address

2913 N. 34th Terr.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

59-1700485

Applied For

Not Applied

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

DUNN, STEPHEN
6237 MIRAMAR PKWY.
MIRAMAR FL 33023

Name

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

2913 N. 34th Terr.

City

Hollywood, FL

FL

Zip Code

33021

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 D ☐ Delete
NAME DUNN, STEPHEN
STREET ADDRESS 2913 N 34TH TERR
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D/T/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NEAL, ROBERTA
STREET ADDRESS 8215 SW 100 ST
CITY-ST-ZIP MIAMI FL

TITLE D/V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME NEAL, EUGENE
STREET ADDRESS 8215 SW 100 STREET
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME DUNN, JUDITH
STREET ADDRESS 2913 N 34TH TERR
CITY-ST-ZIP HOLLYWOOD FL 33021

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #