## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2001 8:00 am **DOCUMENT # 737142** Secretary of State 1. Entity Name THE GURDJIEFF FOUNDATION OF FLORIDA, INC. 03-14-2001 90511 014 \*\*\*\*61.25 Mailing Address Principal Place of Business 2913 N 34 TERRACE 2913 N 34 TERRACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-1700485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUNN, STEPHEN 2913 N 34TH TERRACE HOLLYWOOD FL 33021 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change ☐ Delete TITLE -TREASUREYZ DUNN. STEPHEN -NAME NAME STREET ADDRESS STREET ADDRESS 2913 N 34TH TERR CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 ☐ Addition ☐ Change ☐ Delete TITLE TITLE **NEAL, ROBERTA** NAME NAME STREET ADDRESS 8215 SW 100 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Delete ~ TITLE PD- ----TITLE **NEAL, EUGENE** NAME NAME STREET ADDRESS 8215 SW 100 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL D/S 💢 Change Addition TITLE ☐ Delete TITLE DUNN, JUDITH - SEC. NAME NAME STREET ADDRESS STREET ADDRESS 2913 N 34TH TERR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 attachmen w h an address,

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP