

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90119 039 \*\*\*61.25

**DOCUMENT # 741220**

1. Entity Name

**FIRST PRESBYTERIAN FOUNDATION OF BOCA RATON, FLO**

Principal Place of Business

Mailing Address

600 WEST CAMINO REAL  
 BOCA RATON FL 33486-2523

600 WEST CAMINO REAL  
 BOCA RATON FL 33486-5523

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

**59-1778407**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, JAMES S.**  
**1471 SW 13TH PLACE**  
**BOCA RATON FL 33486**

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  Delete  
 NAME **V**  
**SPENCE, SUSAN**  
 STREET ADDRESS **1030 SW 1ST ST**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**REDGRAVE, ARTHUR**  
 STREET ADDRESS **5720 ST. ANNES WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33496-2528**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**CARPENTER, GAIL A.**  
 STREET ADDRESS **840 SW 18TH ST.**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
**KIMBERLY, DEE**  
 STREET ADDRESS **530 NE GOLDEN HARBOR DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33432-2942**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
**MARSHALL, JAMES S.**  
 STREET ADDRESS **1471 SW 13TH PLACE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**DYER, ROBERT B**  
 STREET ADDRESS **2835 BANYAN CIR NW**  
 CITY-ST-ZIP **BOCA RATON FL 33431-6363**

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: *Dee Kimberly* **DEE, KIMBERLY** 1-24-00 561-392-8971  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)