

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746309

1. Entity Name

THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOW

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90032 028 ****70.00

Principal Place of Business

Mailing Address

3251 S MIAMI AVE
 MIAMI FL 33129

3251 S MIAMI AVE
 MIAMI FL 33129-2831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1898477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FARWELL, RICHARD
3251 S.MIAMI AVE.
MIAMI FL FL 33129

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	CT	<input type="checkbox"/> Delete
NAME	GREENFIELD, PRISCILLA	
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	BISBING, MARK	
STREET ADDRESS	720 CORAL WY STE 2B	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CDT	<input type="checkbox"/> Delete
NAME	FELAND, ROBLEY 'ROB' L	
STREET ADDRESS	1507 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALE, MARILYN	
STREET ADDRESS	225 HARBOR DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TT	<input type="checkbox"/> Delete
NAME	SWEENY, ALLEN	
STREET ADDRESS	2000 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	RVCT	<input type="checkbox"/> Delete
NAME	SCHULTE, JOANNE	
STREET ADDRESS	6210 MAGGIARE ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ST
Russell, Stephanie
6025 S.W. 108 STREET
Miami, FL 33156

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 SWEENY-Jan-26-2000 305-854-5601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)