

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
 03-02-2001 90046 029 \*\*\*\*70.00

**DOCUMENT # 746309**

1. Entity Name

**THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOW**

Principal Place of Business

Mailing Address

**3251 S MIAMI AVE  
 MIAMI FL 33129**

**3251 S MIAMI AVE  
 MIAMI FL 33129**

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

**59-1898477**

Applied For

Not Applicable

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

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CT  
 GREENFIELD, PRISCILLA  
 3194 VIA ABITARE  
 COCONUT GROVE FL 33133** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Bisbing, MARK CT  
 2000 So. Miami Avenue  
 MIAMI FL 33129** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCT  
 BISBING, MARK  
 720 CORAL WY STE 2B  
 CORAL GABLES FL 33134** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCT  
 Russell-Stephanie  
 6025 S.W. 108 Street  
 MIAMI FL 33156** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CDT  
 FELAND, ROBLEY 'ROB' L  
 1507 SUNSET DR  
 MIAMI FL 33143** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CDT  
 Feland, Robley "Rob" L  
 2601 So. Bayshore Dr. - Ste. 200  
 Coconut Grove FL 33133** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 RUSSELL, STEPHANIE  
 6025 SW 108 ST  
 MIAMI FL 33156** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 Robbins Betsy  
 880 Hugo Avenue  
 Coral Gables, FL 33156** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TT  
 SWEENEY, ALLEN  
 2000 S BAYSHORE DR  
 COCONUT GROVE FL 33133** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TT  
 William D. Callahan  
 13032 Main Street  
 Coral Gables, FL 33156** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**RVCT  
 SCHULTE, JOANNE  
 6210 MAGGIARE ST  
 CORAL GABLES FL 33146** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**RVCT  
 Greenfield Priscilla M.  
 3194 Via Abitake  
 Coconut Grove, FL 33133** ☒ Change ☐ Addition

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] BISBING 1/8/1 305 858 0127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)