

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 3251 S MIAMI AVE MIAMI FL 33129	Mailing Address 3251 S MIAMI AVE MIAMI FL 33129
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	CT GREENFIELD, PRISCILLA	<input type="checkbox"/> Delete
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	VCT BISBING, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	720 CORAL WY STE 2B	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME	CDT FELAND, ROBLEY 'ROB' L	<input type="checkbox"/> Delete
STREET ADDRESS	1507 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE NAME	ST RUSSELL, STEPHANIE	<input type="checkbox"/> Delete
STREET ADDRESS	6025 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	TT SWEENEY, ALLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2000 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	RVCT SCHULTE, JOANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6210 MAGGIARE ST	
CITY-ST-ZIP	CORAL GABLES FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Bisbing, MARK CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2000 So. Miami Avenue	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	VCT Russell-Stephanie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6025 S.W. 108 Street	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	CDT Feland, Robley "Rob" L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2601 So. Bayshore DR. - Ste. 200	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	ST Robbins Betsy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	880 Lugo Avenue	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE NAME	TT William D. Callahan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13032 MARC STREET	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE NAME	RVCT Greenfield Priscilla M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3194 VIA Abitake	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	

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 BISBING 1/8/11 305 858 0127

CR2E037 (10/00)