

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90205 043 ****61.25

DOCUMENT # 746309

1. Entity Name

THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOWMENT FUND

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	CT BISBING, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	2000 SO. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	VCT RUSSELL, STEPHANIE	<input type="checkbox"/> Delete
STREET ADDRESS	6025 S.W. 108 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	CDT FELAND, ROBLEY 'ROB' L	<input type="checkbox"/> Delete
STREET ADDRESS	2601 SO BAYSHORE DR.- STE 200	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	ST RUSSELL, STEPHANIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6025 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE NAME	ST ROBBLES, BETSY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	830 LUGO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	TT CALLAHAW, WILLIAM D	<input type="checkbox"/> Delete
STREET ADDRESS	15032 MARE STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SECRETARY: E. CALLAHAN, VALERIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13032 MAR ST	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	TREASURER: CALLAHAN, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13032 MAR	
CITY-ST-ZIP	CORAL GABLES 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* **TAPAS** 1/9/02 305 665 7334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)