

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90307 021 ****61.25

DOCUMENT # 749334

1. Entity Name

THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.

Principal Place of Business

2561 CORAL WAY
 MIAMI FL 33415
 US

Mailing Address

2561 CORAL WAY
 MIAMI FL 33415
 US

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

59-1998522

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

CUMMINGS, JENNIFER
2561 CORAL WAY
MIAMI FL 33145

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 _____

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	PD BUTCHER-ORTIZ, CARMEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6305 CABALLERO BLVD. CORAL GABLES FL 33146	
TITLE NAME	VD GRIFFIN, ANN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1847 SW 24TH AVE. FT. LAUDERDALE FL 33312	
TITLE NAME	TD LUCAS, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2121 PONCE DE LEON BLVD CORAL GABLES FL	
TITLE NAME	SD MOORMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	915 E. L45 OLAS BLVD. FT. LAUDERDALE FL 33301	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

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

ASIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director
Griffin, President

Date

Daytime Phone #

954-731-2343

CR2E037 (10/00)