

DOCUMENT # **763317**

1. Entity Name

THE MLJ NURKIEWICZ FOUNDATION, INC.

Principal Place of Business

Mailing Address

2600 N.E. 14TH STREET CAUSEWAY
POMPANO BCH. FL 330622600 N.E. 14TH STREET CAUSEWAY
POMPANO BCH. FL 33062-8224

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

59-2192376

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

MACLEAN, FREDERICK R
2600 NE 14TH STREET CAUSEWAY
POMPANO BCH. FL 33062Name
Anne B. MacLeanStreet Address (P.O. Box Number is Not Acceptable)
2600 N.E. 14th Street Causeway

Pompano Beach, Florida 33062

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

Anne B. MacLean

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HINKLE, DARRYL L	
STREET ADDRESS	2600 NE 14TH ST CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACLEAN, FREDERICK R	
STREET ADDRESS	2600 NE 14TH ST. CAUSEWAY	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	ARLEN, ROBERT M.	
STREET ADDRESS	1501 CORPORATE DR #200	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MACLEAN, ANNE B	
STREET ADDRESS	2600 NE 14TH ST CAUSEWAY	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Drew	
STREET ADDRESS	4370 N.W. 62nd Terrace	
CITY-ST-ZIP	Coral Springs, Florida 33065	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: *Frederick R. Quinlan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

(954) 785-1900

CR2E037 (9/99)