

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003559

1. Entity Name

JOSEPH D. HARNETT FOUNDATION, CORP.

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90005 016 ****61.25

Principal Place of Business

4400 PGA BOULEVARD, SUITE 400
PALM BEACH GARDENS FL 33410

Mailing Address

4400 PGA BOULEVARD, SUITE 400
PALM BEACH GARDENS FL 33410

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

34-1532957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, BECKY B
4400 PGA BOULEVARD, SUITE 400
PALM BEACH GARDENS FL 33410

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

TITLE ☐ Delete
NAME D
HARNETT, JOSEPH D
STREET ADDRESS 11090 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE ☐ Delete
NAME D
HARNETT, NANCY B
STREET ADDRESS 11090 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE ☐ Delete
NAME D
HARNETT, GORDON D
STREET ADDRESS 3850 GREENWOOD DRIVE
CITY-ST-ZIP PEPPER PIKE OH

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

JOSEPH D. HARNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH D. HARNETT

1/19/02

561-622-5163

Date

Daytime Phone #

CR2E037 (9/01)