

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003896

1. Entity Name

BLADES FOUNDATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90089 034 \*\*\*\*61.25

Principal Place of Business

1900 S.W. 70TH TERRACE  
PLANTATION FL 33317  
US

Mailing Address

1900 S.W. 70TH TERRACE  
PLANTATION FL 33317-5010  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3109697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLADES, ROSA L  
1900 S.W. 70TH TERRACE  
PLANTATION FL 33317

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 **P** ☐ Delete  
NAME **BLADES, ROSA LEE**  
STREET ADDRESS **1900 S.W. 70TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Delete  
NAME **BLADES, HORATIO B**  
STREET ADDRESS **1900 S.W. 70TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ Delete  
NAME **BLADES, BRIAN K**  
STREET ADDRESS **1900 S.W. 70TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **S** ☐ Delete  
NAME **BLADES, VALYNDA D**  
STREET ADDRESS **1900 SW 70TH TERR**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **T** ☐ Delete  
NAME **BLADES, SONYA L**  
STREET ADDRESS **1900 S.W. 70TH TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33067**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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:

*Rosa L. Blades*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)