

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001319

1. Entity Name

THE NATIONAL LAW & LEADERSHIP FOUNDATION, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90098 026 ****61.25

Principal Place of Business

4800 N. FEDERAL HWY.
302-A
BOCA RATON FL 33431

Mailing Address

PO BOX 811120
BOCA RATON FL 33481

B0055475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7040 W. Palmetto PK Rd

7040 W. Palmetto PK Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4-293

4-293

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433

33433

USA

4. FEI Number

36-3945773

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

SALAMONE, CHRIS M
4800 N. FEDERAL HWY.
STE 302A
BOCA RATON FL 33431

Name

Chris M. SALAMONE

Street Address

6109 Balboa Circle
301

City

Boca Raton

FL

Zip Code

33433

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

Chris M. Salamone

Chris M. SALAMONE

4/23/01

(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 STREET ADDRESS CITY-ST-ZIP	CD SALAMONE, CHRIS M 4800 N FED HWY STE 302A BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LISNEK, PAUL M 623 W. BRIAR PL CHICAGO IL 60657	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAMONE, ANTHONY C 4800 N FED HWY STE 302A BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. Chris M. SALAMONE 6109 Balboa Circle #301 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Sinopoli 1135 Clifton Avenue CLIFTON, NJ 07013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony SALAMONE 6109 Balboa Circle #302 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Chris M. Salamone President 4/9/01 511-338-0505

CR2E037 (10/00)