

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90747 037 ****61.25

DOCUMENT # F97000005907

1. Entity Name
THE JAMES RANDI EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
201 SE 12 ST
FORT LAUDERDALE FL 33316
US

Mailing Address
201 SE DAVIE BLVD.
FT. LAUDERDALE FL 33316-1858

2. Principal Place of Business

3. Mailing Address

201 SE 12 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0649443

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPAS
RANDI, JAMES
201 SE DAVIE BLVD.
FT. LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201 SE 12 ST.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSAS
ADAMS, RICHARD L JR.
201 SE DAVIE BLVD.
FT. LAUDERDALE FL 33316-1858

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201 SE 12 ST

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ALVAREZ, JOSE L
201 SE DAVIE BLVD.
FT. LAUDERDALE FL 33316-1858

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201 SE 12 ST

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ 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 *SIGNATURE OF JAMES RANDI* **REQUIRE JAMES RANDI**

4-4-03 (954) 467-1112

CR2E037 (10/02)