

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90010 002 ****61.25

DOCUMENT # F98000001148

1. Entity Name

THE FULLER FOUNDATION, INC.

Principal Place of Business

Mailing Address

% J.P. MORGAN FLORIDA. S.S.B.
 109 ROYAL PALM WAY
 PALM BEACH FL 33408

% J.P. MORGAN FLORIDA. S.S.B.
 109 ROYAL PALM WAY
 PALM BEACH FL 33480-4249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-6015942

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

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., STE. 500E
WEST PALM BEACH FL 33401

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	KLEINERMAN, MICHAEL R ESQ	
STREET ADDRESS	551 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK CITY NY 10176	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FULLER, GILLIAN	
STREET ADDRESS	9550 HIDDEN VALLEY RD.	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRENCH, WILLIAM	
STREET ADDRESS	953 MORHEA DR.	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BEALL, KENNETH S JR.	
STREET ADDRESS	777 S. FLAGLER DR., STE. 500E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" 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: *[Signature]* **SECRETARY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **AMIL 26, 2000**
 Daytime Phone # _____

CR2E037 (9/99)