

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006396

1. Entity Name

THE VALOR FOUNDATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90058 015 ****61.25

Principal Place of Business

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021

Mailing Address

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021-7845

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

58-1839448

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

MIAMI CENTER REGISTERED AGENTS, INC.
1700 MIAMI CENTER
201 S. BISCAYNE BLVD.
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.

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	CPC	<input type="checkbox"/> Delete
NAME	TOBIN, HERBERT A	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROWER, LINDA	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, JULIA	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBONS, DOROTHY	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SED	<input type="checkbox"/> Delete
NAME	MOORE, DOROTHY	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEARIAS, LILLIAN	
STREET ADDRESS	1101 HILLCREST DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

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 an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-585-3000

Daytime Phone #

CR2E037 (9/99)