

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003073

1. Entity Name

THE MANUEL AND LILLIAN GARCIA FAMILY FOUNDATION,

Principal Place of Business

540 BOWSPRIT LN.
LONGBOAT FL 34228

Mailing Address

540 BOWSPRIT LN.
LONGBOAT FL 34228

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

65-1017105

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MANUEL S
540 BOWSPRIT LN.
LONGBOAT FL 34228

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.

(NOT: 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 PTD ☐ Delete
NAME GARCIA, MANUEL S
STREET ADDRESS 540 BOWSPRIT LN.
CITY-ST-ZIP LONGBOAT FL 34228

TITLE VSD ☐ Delete
NAME GARCIA, LILLIAN BREA
STREET ADDRESS 540 BOWSPRIT LN.
CITY-ST-ZIP LONGBOAT FL 34228

TITLE D ☐ Delete
NAME WEST, JOHN W III
STREET ADDRESS 540 BOWSPRIT LN.
CITY-ST-ZIP LONGBOAT FL 34228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

MANUEL S GARCIA, MD. 5/20/01 942387-0168

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90010 002 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)