

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-15-2001 90068 015 ****61.25

0039682

DOCUMENT # N00000003436

1. Entity Name

THOMAS E. RODGERS, JR. FOUNDATION, INC.

Principal Place of Business

Mailing Address

6641 BREVITY LANE LA GORCE ISLAND
 MIAMI BEACH FL 33141

6641 BREVITY LANE LA GORCE ISLAND
 MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

DANIELS, NICHOLAS M ESQ.
ONE S.E. 3RD AVENUE
SUITE 2400
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 NAME	D RODGERS, THOMAS E JR.	<input type="checkbox"/> Delete
STREET ADDRESS	6641 BREVITY LANE LA GORCE ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	D DEPLAINE, RENEE Y	<input type="checkbox"/> Delete
STREET ADDRESS	6641 BREVITY LANE LA GORCE ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	D MOORE, GERALD W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3012 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	D MCKEAN, RANDOLPH	<input type="checkbox"/> Delete
STREET ADDRESS	6401 S.W. 87 AVENUE #212	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	D THAYER, THOMAS C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	215 MIRAMAR AVENUE	
CITY-ST-ZIP	SANTA BARBARA CA 93108	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2001 305-576-4110

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE