

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90363 022 ****61.25

DOCUMENT # N00000005535

1. Entity Name

PAUL AND BEATRIZ HICKS FOUNDATION, INC.



Principal Place of Business

**ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133**

Mailing Address

**ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133**

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 **65-1836924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKS, PAUL F
ONE GROVE ISLE DRIVE
APARTMENT NUMBER 1502
COCONUT GROVE FL 33133**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD	TITLE	
NAME	HICKS, PAUL F	NAME	
STREET ADDRESS	ONE GROVE ISLE DRIVE #1502	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	HICKS, BEATRIZ L	NAME	
STREET ADDRESS	ONE GROVE ISLE DRIVE #1502	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DAVENPORT, ROBIN	NAME	
STREET ADDRESS	4762 N.W. 5TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *BEATRIZ HICKS* 1/6/03 (305) 858-9086

CR2E037 (10/02)