2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # N0000006498 1. Entity Name 05-15-2001 90082 008 ****61.25 FUND FOR HUMANITY, INC. Principal Place of Business Mailing Address 9563 WELDON CIRCLE #208 9563 WELDON CIRCLE #208 UUU3434K TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address DAME NO CHANCE SAME - NO CHANGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 745-104 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, JANET 8741 NW 57TH STREET TAMARAC FL 33351 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Change Addition LAYTON, JERRY 9563 WELDON CIRCLE FRANKLIN, LARRY R NAME STREET ADDRESS 9563 WELDON CIRCLE #208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TAMARAC, FL 39321 TITI F ☐ Delete TITLE Change Addition GARDNER, HERMAN NAME STREET ADDRESS 4100 GALT OCEAN DRIVE 🗻 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition POLLACK, NEIL NAME NAME STREET ADDRESS 19976 MONA CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PLOTNICK, ROBIN L NAME NAME STREET ADDRESS 1554 SHERWOOD RD STREET ADDRESS CITY-ST-ZIP HIGHLAND PARK IL 60035 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME FRANKLIN, THOMAS D STREET ADDRESS 239 57TH COURT STREET ADDRESS CITY-ST-ZIP WEST DES MOINES IA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KARVWATT, CHARLES NAME NAME STREET ADDRESS 1150 74TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063

FILED

SIGNATURE: JOSEPH STATE LOW DE FLAPPE R. FRANKLIN 4/26/01 (954) 721-0729

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.