

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007899

1. Entity Name

SIDEKICK FOUNDATION, INC.

Principal Place of Business

8210 WILES RD.
CORAL SPRINGS FL 33067

Mailing Address

4630 N. UNIVERSITY DR.
CORAL SPRINGS FL 33067

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

65-1059560

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

SHEEHAN, ROSE ESQ.

2900 UNIVERSITY DR. #76
CORAL SPRINGS FL 33065

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PRYOR, ARTHUR	
STREET ADDRESS	6557 WINDSOR DR. 4670 W. LEITNER DR.	
CITY-ST-ZIP	PARKLAND FL 33067 CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWEN, GREG A	
STREET ADDRESS	11908 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRYOR, PAT	
STREET ADDRESS	6557 WINDSOR DR. 4670 W. LEITNER DR.	
CITY-ST-ZIP	PARKLAND FL 33067 CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, ROSE	
STREET ADDRESS	6480 N.W. 105TH TERR.	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, ESTHER	
STREET ADDRESS	212 TERN LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLUCK, GERALD	
STREET ADDRESS	1212 N.W. 126TH TERR.	
CITY-ST-ZIP	SUNRISE FL 33323	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, ARTHUR	
STREET ADDRESS	6557 WINDSOR DR. 4670 W. LEITNER DR.	
CITY-ST-ZIP	PARKLAND FL 33067 CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWEN, GREG A	
STREET ADDRESS	11908 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FAARMAN	
STREET ADDRESS	5255 NW 51 ST.	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
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		

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:

SIGNATURE REQUIRED PRYOR, PRES. 1/7/01 340-5425

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90058 015 ****61.25

B0002336



DO NOT WRITE IN THIS SPACE

0019899

CR2E037 (9/01)