

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

FILED

02 MAY 22 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008413

1. Entity Name

THE IGWT FAMILY FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3753 N.E. 214 ST.

3. Mailing Address

P.O. BOX 2964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
AVENTURA, FL.

City & State  
HALLANDALE, FL.

4. FEI Number

65-1063836

Applied For  
Not Applicable

Zip  
33180

Country  
USA

Zip  
33008

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RARICK, PHILLIP B. ESQ.

Street Address (P.O. Box Number is Not Acceptable)

MIAMI LAKES EXECUTIVE CENTER

7850 N.W. 146th ST., SUITE 502

City

MIAMI LAKES

FL

Zip Code  
33016

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD McGLASHAN, RUDOLPH A 3753 N.E. 214 ST. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD McGLASHAN, PATRICIA A 3753 N.E. 214 ST. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISELBORN, DAVID J. 3117 SEBRING COURT JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RARICK, PHILLIP B. 7850 N.W. 146TH ST., SUITE 502 MIAMI LAKES, FL 33016

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Patricia Mcglashan*

4-29-2002

305-804-6748

CR2E037B (12/01)