

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90110 037 ****61.25

DOCUMENT # N00000008508

1. Entity Name

G FOUNDATION CORPORATION



Principal Place of Business

2255 WILTON DR.
WILTON MANORS FL 33305

Mailing Address

2255 WILTON DR.
WILTON MANORS FL 33305

2. Principal Place of Business

1600 S. FEDERAL AVE
SUITE 915
POMPANO BEACH, FL.

3. Mailing Address

1600 S. FEDERAL AVE
SUITE 915
POMPANO BEACH, FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1062328**

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

TRANTALIS, DEAN J ESQ

2255 WILTON DR.
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

Name **KENNETH D. GONYU**

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

1600 S. FEDERAL HWY SUITE 915

City **POMPANO BEACH**

FL

Zip Code

33062

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 **KENNETH D. GONYU**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/13/03

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

TITLE NAME **WARTEN, FREDRICK** ☐ Delete
STREET ADDRESS **4531 NE 25TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE NAME **TRANTALIS, DEAN J** ☐ Delete
STREET ADDRESS **401 RIVIERA ISLE DRIVE # 201**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE NAME **HARRELL, JEFFERY L** ☒ Delete
STREET ADDRESS **3071 NORTH OAKLAND FOREST DRIVE # 201**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **STEPHEN CARFRAY** ☐ Change ☒ Addition
STREET ADDRESS **1740 NW 7th AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33111**

TITLE NAME **WARTEN, FREDRICK** ☒ Change ☐ Addition
STREET ADDRESS **4531 NE 26th ST.**
CITY-ST-ZIP **2456 NE 26th ST. FL. 33064**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/03 954-785-2257

CR2E037 (10/02)