2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State **DOCUMENT # N00669** 1. Entity Name 04-07-2002 90057 032 ****61.25 LEJEUNE FOUNDATION INC. Mailing Address Principal Place of Business 4712 PEPPER BUSH LANE 4712 PEPPER BUSH LANE BOYNTON BEACH FL 33436 BOYNTON-BEACH FL 33436 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2382578 Not Applicable \$8.75 Additional Fee Required Zip Country Zip Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA, KK. Zip Code City MIAMI FL 33131 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE NAME EBERST, JANET A NAME STREET ADDRESS STREET ADDRESS 4712 PEPPER BUSH LANE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change ☐ Addition ☐ Defete TITLE TITLE NAME LUCAS, DAWN A STREET ADDRESS STREET ADDRESS 39 CLUB FOREST LN CITY ST-ZIP CITY-ST-ZIP **GREENVILLE SC 29605** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME EBERST, ROBERT C STREET ADDRESS STREET ADDRESS **4712 PEPPER BUSH LANE** CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME EBERST, ROBERT B. NAME STREET ADDRESS STREET ADDRESS **4712 PEPPER BUSH LANE** CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered. Robert C. Eberst, President 3/29/02 561-752-4960

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