

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90149 028 ****61.25

DOCUMENT # N01000002542

1. Entity Name

THE BART ERONCIG MEMORIAL FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

C/O BANK OF AMERICA TOWER
100 SE 2ND STREET, STE. 2800
MIAMI FL 33131C/O BANK OF AMERICA TOWER
100 SE 2ND STREET, STE. 2800
MIAMI FL 33131

2. Principal Place of Business

2100 Coral Way Ste.603

3. Mailing Address

2100 Coral Way Ste.603

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

Suite 603

City & State

Miami, Florida

City & State

Miami, FL 33145

Zip

33145

Country

Dade

Zip

33145

Country

Dade

4. FEI Number

31-1767153

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KTG&S REGISTERD AGENT CORPORATION
100 SE 2ND ST., 28TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	MATHESON, JAMIE J	
STREET ADDRESS	6420 SW 83RD ST.	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERONCIG, BARBARA	
STREET ADDRESS	2100 CORAL WAY, #603	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERONCIG, JAMES	
STREET ADDRESS	2100 CORAL WAY, #603	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

(305)285-0181

Date

Daytime Phone #

CR2E037 (9/01)