

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90026 006 ****61.25

DOCUMENT # N01000002910

1. Entity Name

LAWRENCE R. HYER FOUNDATION, INC.

Principal Place of Business

2575 LAKE AVENUE, SUNSET ISLAND #2
MIAMI BEACH FL 33140

Mailing Address

2575 LAKE AVENUE, SUNSET ISLAND #2
MIAMI BEACH FL 33140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1778893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PILOTTE, FRANK T.
340 ROYAL PALM WAY, STE 100
PALM BEACH FL 33480

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 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
NAME HYER, LAWRENCE R
STREET ADDRESS 2575 LAKE AVENUE, SUNSET ISLAND #2
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE D
NAME GAPSTUR, LENNE
STREET ADDRESS 340 ROYAL PALM WAY, STE 100
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Delete

TITLE D
NAME HOOVER, SIMONE
STREET ADDRESS 700 N OLIVE STREET, PO BOX 21704
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME LOU TYRELL
STREET ADDRESS #4 17th Av. South
CITY-ST-ZIP Lake Worth, FL 33460 ☐ Change ☒ Addition

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

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

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

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

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

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:

Lawrence R. Hyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 305-672-8100
Date Daytime Phone #

CR2E037 (9/01)