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

## DOCUMENT # N01000003541

i. Entity Name CECIL'S C		ONE FOUNDATIO	N, INC.						02-21-200	3 90206	045 ***	*61.25	
Principal Place of Business 501 LYONS ROAD C-4 OCONUT CREEK FL 33073			Mailing Address 6601 LYONS ROAD C-4 COCONUT CREEK FL 33073									n (1 <b>8</b> )	
2. Principal Pl	ace of Busin	ess	3. Mailir	ng Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 65-1137060				plied For t Applicable	
Zip Country			Zip C		Cou	untry 5. Cer		5. Certificate of Sta				.75 Additional Required	
	6 Name	and Address of Current	Registered	l Agent				7. Name and Addr	ess of New Reg	istered Ag	jent		
	v. Raine	and Address of Current	~			Name	ص ع						
COLSON,		D BLVD STE 700				Street Addre	ess (P	O. Box Number is N	ot Acceptable)				
	RDALE FL										Žip Code		
						City				FL	Zip Code	<i>'</i>	
	ions of regist												
	Signature, typed	or printed name of registered agent	t and title if appli	cable. (NOT	E: Registere	ed Agent signature re-	quired v	when reinstating)		DATE			
•		or printed name of registered agent	t and title if appli	9. Election Car Trust Fund C	npaign I	Financing		\$5.00 May Be Added to Fees		Check	Payable nent of S		
		': FEE IS \$61.25		9. Election Car	npaign I	Financing Lion.	•	\$5.00 May Be Added to Fees	Florida	Check Departi	nent of S	State	
10.				9. Election Car Trust Fund C	npaign I Contribut	Financing Lion.	•	<b>\$5.00</b> May Be	Florida	Check Departi	nent of S	State	
<b>10.</b> TITLE	FILE NOW	: FEE IS \$61.25		9. Election Car	npaign l Contribut	Financing lion.	•	\$5.00 May Be Added to Fees	Florida	Check Departi	nent of S	State 10	
10. TITLE NAME	FILE NOW	: FEE IS \$61.25		9. Election Car Trust Fund C	npaign I Contribut	Financing lion.	•	\$5.00 May Be Added to Fees	Florida	Check Departi	nent of S	io 10	
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12. I hereby certify that the information supplied with this filling 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 upon tip file and accurate and that my Statute 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 a faddress, with all other like empowered. 454-

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

570-5843

**FILED** 

Feb 21, 2003 8:00 am Secretary of State