2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # **N01000004486** 1. Entity Name 02-26-2002 90114 033 ****70.00 THE GRANDPARENTS AND GRANDCHILDREN OF AMERICA NE Principal Place of Business Mailing Address 170 NE 2ND ST P O BOX 1874 BOCA RATON FL 33429-1674 BOGA RATON FL 33429-1674 2. Principal Place of Business 3. Mailing Address 3745W4 44 1374SW 4m Terrace Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE 4. FEI Number 082 City & State City & State Applied For Florida Not Applicable Florida Pompano \$8.75 Additional 5. Certificate of Status Desired Fee Required 3060 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jicole Street Address (P.O. Box Number is Not Acceptable)... HUBER, NICOLE G-170 NE 2ND ST errace **BOCA RATON FL 33429-1674** 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 1b. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Change ☐ Addition NITLE TITLE Nicola Br. Huber HUBER, NICOLE G **≝**¶ME MAME 13745 W 4th TOPPACE STREET ADDRESS 170 NE 2ND ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33429-1674** CITY-ST-ZIP Pompano Bch TITLE TITLE Change Delete David P. Feeley FEELEY, DAVID P NAME NAME STREET ADDRESS 13745W 4th TerraL STREET ADDRESS 170 NE 2ND ST CITY-ST-ZIP BOCA RATON FL 33429-1674 CITY-ST-ZIP Pompano Rch F1 33060 Change ☐ Addition TITLE 😾 Delete TITLE SEAMAN, FRAN NAME NAME Sheldon Newcomer 9807-1- Chable-Ridge Terrace STREET ADDRESS 170 NE 2ND ST STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33429-1674 CITY-ST-ZIP ROCKVIlle, MD 20850 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(ii), 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 eath; 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.

FILED