

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006085

1. Entity Name

THE FLORIDA VENTURE FORUM FOUNDATION, INC.

Principal Place of Business

2121 PONCE DE LEON BLVD., SUITE 720  
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD., SUITE 720  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE FL 32301

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 ~~Director~~ ☐ Delete  
NAME ~~Denise Veitch~~  
STREET ADDRESS ~~777 S. Flagler Drive, Suite 700~~  
CITY-ST-ZIP ~~West Palm Beach, FL 33401~~

TITLE ~~Director~~ ☐ Delete  
NAME ~~Jeanne A. Becker~~  
STREET ADDRESS ~~2121 Ponce de Leon Blvd. #720~~  
CITY-ST-ZIP ~~Coral Gables, FL 33134~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition  
NAME Denise Veitch  
STREET ADDRESS 777 S. Flagler Drive Suite 700  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE Director ☐ Change ☒ Addition  
NAME Jeanne A. Becker  
STREET ADDRESS 2121 Ponce de Leon Blvd. #720  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ~~Director~~ ☐ Change ☒ Addition  
NAME Kim Griffin  
STREET ADDRESS 200 S. Biscayne Blvd. Suite 400  
CITY-ST-ZIP Miami, FL 33131

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

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

TITLE ☐ Change ☐ 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:

*Denise Veitch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

305/446-5060

Daytime Phone #

CR2E037 (9/01)

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-15-2002 90129 034 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE