

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

0007568

DOCUMENT # NO1000006958

1. Entity Name

ONCE UPON A TREE FOUNDATION, INC.



FILED

03 JUL 14 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

ATTN: HENRY N. ADORNO ESO
2601 SOUTH BAYSHORE DR SUITE 1600
MIAMI FL 33133

Mailing Address

ATTN: HENRY N. ADORNO ESO
2601 SOUTH BAYSHORE DR SUITE 1600
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1142562

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OLLE, DENNIS J ESO
ADORNO & ZEDER PA
2601 SOUTH BAYSHORE DR SUITE 1600
MIAMI FL 33133

Yoss

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPST
NAME ADORNO, HENRY N
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE SUITE 1600
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900021587409
CITY-ST-ZIP 07/16/03--01024--006 **\$61.25

TITLE D
NAME GREER, BRUCE
STREET ADDRESS 10901 OLD CUTLER ROAD
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE D
NAME MARSHALL, BRENDA
STREET ADDRESS 7900 RED ROAD SUITE 25
CITY-ST-ZIP SOUTH MIAMI FL 33143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED: Henry N. Adorno 7/8/03 (305) 860-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)