

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90163 017 *****61.25

DOCUMENT # N02000001006

1. Entity Name

AN ARK FOR LEARNING FOUNDATION, INC.



Principal Place of Business
**3912 S. OCEAN BLVD., #712
HIGHLAND BEACH FL 33487**

Mailing Address
**3912 S. OCEAN BLVD., #712
HIGHLAND BEACH FL 33487**

55046671



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANSEN, MARK H
3912 S. OCEAN BLVD., #712
HIGHLAND BEACH FL 33487**

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

Mark H. Hansen

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HANSEN, MARK H**
STREET ADDRESS **3912 S. OCEAN BLVD., #712**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **DVS** ☐ Delete
NAME **FERBER, KEVINS S**
STREET ADDRESS **770 BAYSIDE LN.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **DT** ☐ Delete
NAME **ABBLETT, TOM**
STREET ADDRESS **2424 FEDERAL HWY., #200**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

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

TITLE ☐ Change ☐ Addition
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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:

Mark H. Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 561347-3441

CR2E037 (10/02)