

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002034

FILED
Jul 15, 2003
Secretary of State

Entity Name: TYLER A. NEVERS FOUNDATION, INC.

Current Principal Place of Business:

18821 SW 297TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

18821 SW 297TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 01-0658485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVERS, PAM
18821 SW 297TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

NEVERS, PAMELA M DIRECTO
18821 SW 297TH STREET
HOMESTEAD, FL 33030 US

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: PAMELA M. NEVERS

07/15/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEVERS, PAM
Address: 18821 SW 297TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: NEVERS, KEVIN
Address: 18821 SW 297TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: SHIELDS, SHERRI
Address: 17991 SW 212TH STREET
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: DWYER, NICOLE
Address: 14970 SW 157TH COURT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA M. NEVERS

D

07/15/2003

Electronic Signature of Signing Officer or Director

Date