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

DOCUMENT # N02000005353

1. Entity Name

REBECCA AT THE WELL FOUNDATION, INCORPORATED



Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90030 004 ****70.00

FILED

Principal Place of Business 21445 SW 88 PLACE MIAMI FL 33189 Mailing Address

21445 SW 88 PLACE MIAMI FL 33189

2 Principal P	lace of Business	3. Mailing Address						
18495	South Dixie Nw		nDixie H	lwi)	IN 11811 ANIO DONE BROLL BRIEF	10191 9(1188 1118) BI	1188 1111 1881	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.)	HECK HERE IF MAKIN			
Mianu, Florida Mianu, Flor			orida	4. FEI Number 54-30	63090	No	pplied For ot Applicable	
3315	7 USA -	33/157	USA	5. Certificate of Sta	atus Desired 💢	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Addr	ess of New Registered	Agent		ĺ
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
						t .		ĺ
MIAMI BEACH FL 33139			City		FI	Zip Cod	e	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or re	gistered agent, or both, in t	he State of Florida. I am	familiar with,	and accept	٠
the obligat	ons of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature r	required when reinstating)	DATE			l
ı	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Col		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D		10	1
TITLE		☐ Delete	TITLE (D)	President (P)	Diceda	Change	Addition (Ś
NAME			NAME	Rebecca_Pag	K lotus			,
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	Deerfield Bec		1		100
TITLE		☐ Delete	TITLE (D)	Vice-Afriden		Change	X Addition	Š
NAME			NAME	Brian Samu	= 🚉 سر	a ()		1
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	201 SM 310	St. 234	30	J	
TITLE	· ^ ÷ · · ·	Delete	TITLE (D)	Secretary (D)	S)(Director	Change	Addition	i
NAME			NAME	Kim Owen	11 64	, -	,-	
STREET ADDRESS		•	STREET ADDRESS	1640 NE I	11 3T, 1 17 22 1	(1)		
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	N. Miamo be	ach FL 331		□ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			Change	☐ Addition	j
NAME			NAME OTREET ARRESO					ĺ
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP			■ UIII-31-4M					

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.

GNATURE TO BERGET HOUR RESIDENCE TREBECCO Park Totilo 1/00/03 898-018

CR2E037 (10/02)