

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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90187 044 ****61.25

0080240

DOCUMENT # NO2000008604

1. Entity Name

THREE OF HEARTS FOUNDATION, INC.



Principal Place of Business

**1225 CHENILLE CIRCLE
WESTON FL 33327**

Mailing Address

**1225 CHENILLE CIRCLE
WESTON FL 33327**

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

55-0808896

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

**METER, DONNA M
1225 CHENILLE CIRCLE
WESTON FL 33327**

7. Name and Address of New Registered Agent

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

Donna Meter

5/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President Director** ☐ Delete
NAME **Donna Meter**
STREET ADDRESS **1225 Chenille Circle**
CITY-ST-ZIP **Weston FL 33327**

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

TITLE **Vice President Director** ☐ Delete
NAME **Diane Knight**
STREET ADDRESS **2350 Lime Rock Rd**
CITY-ST-ZIP **Vestavia Hills, AL 35216**

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

TITLE **Co-Vice President Director** ☐ Delete
NAME **Vivian Herrero**
STREET ADDRESS **17936 Timber View Street**
CITY-ST-ZIP **Tampa FL 33647**

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

TITLE **Secretary Director** ☐ Delete
NAME **Kim Cullen**
STREET ADDRESS **2719 NE 19th Street**
CITY-ST-ZIP **FORT Lauderdale, FL 33305**

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

TITLE **Treasurer Director** ☐ Delete
NAME **Kim Strong**
STREET ADDRESS **2020 NW 88th Terrace**
CITY-ST-ZIP **Pembroke Pines FL 33024**

TITLE **Treasurer Director** ☒ Change ☐ Addition
NAME **Kimberly D. Strong**
STREET ADDRESS **16071 SW 49th Ct**
CITY-ST-ZIP **Miramar, FL 33027**

TITLE ☐ Delete
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:

Donna Meter

5/14/03

CR2E037 (10/02)