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

## DOCUMENT # N02000009523 1. Entity Name GREGG'S FOUNDATION, INC.



## **FILED** Aug 29, 2003 8:00 am § Secretary of State

05-19-2003 90207 028 \*\*\*\*75.00 08-29-2003 90094 009 \*\*\*\*70.00

Miles of Business P. O. BOY 699 CORAL SPRINGS R. 30075  2. Principal Place of Business Suite. April 8, etc.  2. Principal Place of Business Suite. April 8, etc.  3. Multing Address Suite. April 8, etc.  City & State City & Sta							60 WE 188						
Suite, Apt. #. etc.   Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGES  City & State   City & City	11 NW 34TH AVE.			P. O. BOX 8094					. aass <b>ta</b> es a	611 <b>0 (416) 61</b> 13	<b>.</b>	ı	
Sulfe, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Cay & Cay & State	2. Principal I	Place of Busin	ess	3. Mailing Address				_					
Substitution   Subs				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
Zip Country	City & State			City	City & State			4. FEI Number	30-01	408	56		
WILSON, IVORY 11 NW 34TH AVE. FT. LAUDERDALE FL 33311  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affect, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, a	Zip Country			Zip		Cou	intry	<del> </del>	<del></del>		\$8.75	Additional	2010
WILSON, IVORY 11 NW 34TH AVE. FT. LAUDERDALE FL 33311  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of Florida accept the obligators of Florida Department of State  FILE NOW:	6. Name and Address of Current Regist				stered Agent			7. Name and Address of New Registered Agent					
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.    Significate, Speed or privide name of registered agent and site if applicable.   (NOTE Régistered Agent agents)   DATE	11 NW 3	ATH AVE.	. 33311			· ·		s (P.O. Box Number i	s Not Acceptable	9)			
THE Dispatch of registered agent.    Signature   Signa		•					City	<u>.</u>		FL	Zip C	ode	_
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME	SIGÑÂTÜRE	Signature, typed	or printed name of registered agent		<del></del>				Ma		k Pavah		
TITLE PD JERIMAH, LULIAN JATH AVE.  CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP CITY-S	After September 10, 2003, min will be \$23				6.25 Trust Fund Contribution.				Floric	da Depa	rtment o	f State	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		I DO	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND D	IRECTORS		$\square_{z}$
NAME WILSON, SANDRA STREET ADDRESS T. LAUDERDALE FL 33311 CITY-SI-ZIP CITY	NAME STREET ADDRESS	JERIMIAH, 11 NW 34	th ave.		☐ Delete	NAM! STRE	ET ADDRESS				∏ Chang	e □ Add	tion COLLA
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WILSON, 3 11 NW 34	TH AVE.		☐ Delete	NAME STRE	ET ADDRESS				☐ Chang	e □ Add	tion
TITLE   Delete   TITLE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Addition   NAME   ADDRESS   CITY-ST-ZIP   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   TITLE   Delete   TITLE   NAME   Addition   NAME   Addition   NAME   Addition   NAME   Addition   NAME   NAME   Addition   NAME   NAME   STREET ADDRESS	NAME STREET ADDRESS	HUNTE, E 11 NW 34	th ave.		☐ Delete	NAME STRE	ET ADDRESS				☐ Chang	e 🗌 Addi	tion
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS				Chang	e 🗌 Addi	tion
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				Delete	NAME STREE	ET ADDRESS		Super Control			e Add	tion
	NAME STREET ADDRESS				☐ Delete	NAME STREE	ET ADDRESS				Change	e [] Addi	tion

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. JERE MIAH Telephone

**SIGNATURE:** 

SIGNATURE REQUIRED