

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04031

1. Entity Name

MARGARET M. MURRAY FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90008 018 ****61.25

Principal Place of Business Mailing Address
 %THOMAS J. JORDAN %THOMAS J. JORDAN
 245 SE FIRST ST. SUITE 404 245 SE FIRST ST. SUITE 404
 MIAMI FL 33131 MIAMI FL 33131-1905



DO NOT WRITE IN THIS SPACE

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 59-2425696 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JORDAN, THOMAS J.
 245 SE FIRST ST
 PLAZA BUILDING, SUITE 404
 MIAMI FL 33131

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.

SIGNATURE _____ (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
 Department of State

10. OFFICERS AND DIRECTORS
 TITLE PD ☐ Delete
 NAME JORDAN, THOMAS J.
 STREET ADDRESS 245 SE FIRST ST, S-404
 CITY-ST-ZIP MIAMI FL 33131
 TITLE D ☐ Delete
 NAME JORDAN, GERALDINE T.
 STREET ADDRESS 245 SE FIRST ST, S-404
 CITY-ST-ZIP MIAMI FL 33131
 TITLE D ☐ Delete
 NAME JORDAN, DOROTHY A
 STREET ADDRESS 245 SE FIRST ST, S-404
 CITY-ST-ZIP MIAMI FL 33131
 TITLE D ☐ Delete
 NAME JORDAN, CAROL A.
 STREET ADDRESS 245 SE FIRST ST S-404
 CITY-ST-ZIP MIAMI FL 33131
 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
 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 an other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/2000 (305) 6853757
 3737663

CR2E037 (9/99)