

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04031

1. Entity Name

MARGARET M. MURRAY FOUNDATION, INC., a non-profit corporation

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90277 012 \*\*\*\*\*70.00

0039439

Principal Place of Business

Mailing Address

%THOMAS J. JORDAN  
245 SE FIRST ST. SUITE 404  
MIAMI FL 33131 - 1908

%THOMAS J. JORDAN  
245 SE FIRST ST. SUITE 404  
MIAMI FL 33131 - 1908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100 NE 123RD. ST.

RESIDENCE

NORTH MIAMI

33161-5348

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2425696

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JORDAN, THOMAS J., DIRECTOR  
245 SE FIRST ST  
PLAZA BUILDING, SUITE 404  
MIAMI FL 33131

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

N/A

4/16/01

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JORDAN, THOMAS J.	
STREET ADDRESS	245 SE FIRST ST, S-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, GERALDINE T.	
STREET ADDRESS	245 SE FIRST ST, S-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, DOROTHY A	
STREET ADDRESS	245 SE FIRST ST, S-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, CAROL A.	
STREET ADDRESS	245 SE FIRST ST S-404	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: THOMAS J. JORDAN, DIRECTOR

4/16/01

(305) 3737663 (OFFICE)  
(305) 6853757 (HOME)  
(305) 6857706 (FAX)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (10/00)