

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04031

1. Entity Name

MARGARET M. MURRAY FOUNDATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91703 018 ****61.25

Principal Place of Business

Mailing Address

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

100 NE 123RD ST
N.MIAMI FL 33161-5348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

Name

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

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
NAME JORDAN, THOMAS J.
STREET ADDRESS 245 SE FIRST ST, S-404
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE D
NAME JORDAN, GERALDINE T.
STREET ADDRESS 245 SE FIRST ST, S-404
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE D
NAME JORDAN, DOROTHY A
STREET ADDRESS 245 SE FIRST ST, S-404
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE D
NAME JORDAN, CAROL A.
STREET ADDRESS 245 SE FIRST ST S-404
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/02 (305) 3739663 OFRQ
6853757 HMF

CR2E037 (9/01)