

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05945

1. Entity Name

COBB FAMILY FOUNDATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90082 022 ****61.25

Principal Place of Business

Mailing Address

2333 PONCE DE LEON BLVD.
PH 1111
CORAL GABLES FL 33134

2333 PONCE DE LEON BLVD.
PH 1111
CORAL GABLES FL 33134-5427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2477459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COBB JR., CHARLES E.
2333 PONCE DE LEON BLVD.
PENTHOUSE 1111
CORAL GABLES FL 33134

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
COBB, CHARLES E JR
8 TAHITI BEACH ISLAND RD
CORAL GABLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VDS
COBB, SUE
8 TAHITI BEACH ISLAND RD
CORAL GABLES FL ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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8 TAHITI BEACH ISLAND RD
CORAL GABLES FL ☐ Delete

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☐ Change ☐ Addition

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VD
COBB, CHRISTIAN M
8 TAHITI BEACH ISLAND RD
CORAL GABLES FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00 (308) 441-1700

CR2E037 (9/99)