

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N06938**

1. Entity Name

DELANGE FAMILY FOUNDATION, INC

Principal Place of Business

**21101 S.W. 134 AVENUE
MIAMI, FL 33177**

Mailing Address

**21101 S.W. 134 AVENUE
MIAMI, FL 33177**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2483255

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DELANGE, DANIEL
13220 S.W. 208 STREET
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

C0039044

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	DELANGE, DANIEL	13220 SW 208 STREET	MIAMI, FL 33177	<input type="checkbox"/>
SD	JACOB, DAYLE H	1544 NW 20 STREET	HOMESTEAD, FL 33030	<input type="checkbox"/>
VD	DELANGE, PHILLIP	5500 BENT PINE DRIVE	VERO BEACH	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD	SCHREGARDUS, RALPH	HICKORY ESTATES RTE 2	WAUPUN, WI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Dayle H. Jacob****DAYLE H. JACOB
SECRETARY****3/13/00**

Date

305-232-2133

Daytime Phone #

CR2E037 (9/99)