

4/7/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-07-2001 90017 019 *****61.25

DOCUMENT # N08686

1. Entity Name

BOCA RATON FOUNDATION, INC.

Principal Place of Business

Mailing Address

1515 N. FEDERAL HWY
 #222
 BOCA RATON FL 33432
 US

1515 N. FEDERAL HWY
 #222
 BOCA RATON FL 33432
 US

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

59-2604493

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

Name

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

City

FL

Zip Code

BONITATIBUS, PETER N
 1515 N. FEDERAL HWY
 #222
 BOCA RATON FL 33432

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 renewing)

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

PD
 SMITH, DENNIS W
 1329 THATCH PALM DRIVE
 BOCA RATON FL 33432

☐ Delete

DIRECTOR

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VD
 CRASKE, ROBERT B
 339 E COCONUT PALM RD
 BOCA RATON FL 33432

☐ Change ☐ Addition

DIRECTOR

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TD
 BONITATIBUS, PETER N
 6790 ALLEGRE CT
 GULFSTREAM

☐ Delete

DIRECTOR

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/02/01

361-368-7765

CR2E037 (10/00)