

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10421

1. Entity Name

HOWARD W. LONG FOUNDATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 13 PM 1:00

Principal Place of Business

Mailing Address

203 SOUTH LAKE TRAIL  
PALM BCH FL 33480  
US

203 SOUTH LAKE TRAIL  
PALM BCH FL 33480-4127  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

59-2555597

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

LONG, HOWARD W  
203 SOUTH LAKE TRAIL  
PALM BCH FL 33480

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 PDV ☐ Delete  
NAME LONG, HOWARD W  
STREET ADDRESS 203 SOUTH LAKE TRAIL  
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Change ☐ Addition  
NAME 000003483500--9  
STREET ADDRESS -12/04/00--01001--011  
CITY-ST-ZIP \*\*\*\*236.25 \*\*\*\*236.25

TITLE PD ☐ Delete  
NAME NELSON, ROBERT B.  
STREET ADDRESS 203 SOUTH LAKE TRAIL  
CITY-ST-ZIP PALM BCH FL 33480

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

TITLE VD ☐ Delete  
NAME LONG, HOWARD D  
STREET ADDRESS 203 SOUTH LAKE TRAIL  
CITY-ST-ZIP PALM BCH FL 33480

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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

REQUIRED

Date

Daytime Phone #

CR2E037 (9/99)