# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15899

1. Entity Name

THE BILLFISH FOUNDATION, INC.

**FILED**
**Apr 17, 2000 8:00 am**
**Secretary of State**
04-17-2000 90130 036 ****70.00

| Principal Place of Business | Mailing Address |
|---|---|
| 2419 E. COMMERCIAL BLVD #303<br>FT LAUDERDALE FL 33308 | PO BOX 8787<br>FT LAUDERDALE FL 33310-8787<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2161 E. Commercial Blvd. | |
| Suite, Apt. #, etc.: 2nd Floor | Suite, Apt. #, etc. |
| City & State: Ft. Lauderdale, FL 3 | City & State |
| Zip: 33308 Country: U.S.A. | Zip Country |

4. FEI Number 59-2694327 ☐ 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 |
|---|---|
| PEEL, ELLEN<br>2419 E COMMERCIAL BLVD<br>STE 303<br>FT LAUDERDALE FL 33310 | Name<br>Street Address (P.O. Box Number is Not Acceptable): 2161 E. Commercial Blvd.<br>2nd Floor<br>City: Ft. Lauderdale **FL** Zip Code: 33308 |

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 | CD<br>ROCKEFELLER, WINTHROP<br>124 W CAPITOL STE 1590<br>LITTLE ROCK AR | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>IMMERNUT, MEL<br>1 CHASE MANHATTAN PLZ 54TH FLOOR<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>VICENTE, RALPH<br>B #3 VILLA DE TINTILLO<br>GUAYNABO PR | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>PEEL, ELLEN<br>2419 E COMMERCIAL BLVD, STE 303<br>FT LAUDERDALE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TSD<br>JONES, ROBERT<br>1935 SOUTH CAMPBELL<br>SPRINGFIELD MO | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Ellen Peel REQUIRED Ellen Peel, Exec. Dir. 4/12/00 954-938-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #