

201 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

04-19-2001 90017 032 ****70.00

DOCUMENT # N15899

1. Entity Name

THE BILLFISH FOUNDATION, INC.

Principal Place of Business

2161 EAST COMMERCIAL BLVD
 2 FLOOR
 FT LAUDERDALE FL 33308

Mailing Address

PO BOX 6787
 FT LAUDERDALE FL 33310
 US

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

59-2694327

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PEEL, ELLEN
 2161 EAST COMMERCIAL BLVD
 2 FLOOR
 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROCKEFELLER, WINTHROP 124 W CAPITOL STE 1590 LITTLE ROCK AR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMMERNUT, MEL 1 CHASE MANHATTAN PLZ 54TH FLOOR NEW YORK NY	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICENTE, RALPH B #3 VILLA DE TINTILLO GUAYNABO PR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PEEL, ELLEN 2419 E COMMERCIAL BLVD, STE 303 FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman T Hal Prewitt 820 So. Ocean Blvd Naples, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Paxson Offield 150 Metropole Ave. Avalon, CA 90704	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fonda Huizenga 1301 SE 18 St. Ft. Lauderdale, FL 33316	☐ 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:

SIG ELLEN M. PEEL, President

(954) 938-0150 x100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)