

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15999

1. Entity Name

AMERICA SEVENS FOUNDATION, INC.

Principal Place of Business

652 N.E. 77TH STREET
MIAMI FL 33179-5438

Mailing Address

652 N.E. 77TH STREET
MIAMI FL 33139-5107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

2-1-2000 90038 050

4. FEI Number

59-2690094

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

EXPOSITO, GREGORY F
8016 WILES ROAD
SUITE 9
CORAL SPRINGS FL 33067

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 re-attesting)

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	STD	☒ Delete
NAME	HALE, WINSTON	
STREET ADDRESS	652 N.E. 77TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ Delete
NAME	SMATT, RAYMOND	
STREET ADDRESS	4760 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ Delete
NAME	BAKAR, SAL	
STREET ADDRESS	652 N.E. 77TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	CPD	☐ Delete
NAME	ANDRUS, LAWRENCE	
STREET ADDRESS	652 NE 77TH STREET	
CITY-ST-ZIP	MIAMI FL 33138-5438	
TITLE	D	☐ Delete
NAME	JOHN, G.C. DR.	
STREET ADDRESS	652 NE 77TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Lawrence Andrus Chairman / President

1-29-2000 (305) 758-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone