

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17865

1. Entity Name

MIZNER FOUNDATION OF BOYNTON BEACH, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90030 029 ****61.25

Principal Place of Business

Mailing Address

1010 S FED HY
P.O BOX 823
BOYNTON BEACH FL 33425
US

1010 S FED HY
P.O BOX 823
BOYNTON BEACH FL 33425-0823
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2806950

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUFFAN, LEE
2563 S.W. 10TH STREET
BOYNTON BEACH FL 33426

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 ☐ Delete
NAME D
STREET ADDRESS SHEPARD, MARIE
CITY-ST-ZIP 140 W. OCEAN AVE
BOYNTON BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1 Ridgpointe Drive
CITY-ST-ZIP Boynton Beach, FL 33435

TITLE ☐ Delete
NAME PD
STREET ADDRESS BUFFAN, LEE
CITY-ST-ZIP 2563 S.W. 10TH STREET
BOYNTON BEACH FL 33426

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS PADGETT, TEREESA
CITY-ST-ZIP 222 NW 1ST AVE
BOYNTON BEACH FL

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS TRAYLOR, B S
CITY-ST-ZIP 1260 S FED HWY, STE 101
BOYNTON BCH FL 33435

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMON, ERNEST G.
CITY-ST-ZIP P.O.BOX 2020, NA
DELRAY BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PRESIDENT-DIRECTOR
STREET ADDRESS Curtis Weaver
CITY-ST-ZIP 4384 Caroyta Drive
Boynton Beach, FL 33435

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

(561) 737-7900

Daytime Phone #

CR2E037 (9/99)