

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90101 009 ****61.25

DOCUMENT # N17865

1. Entity Name

MIZNER FOUNDATION OF BOYNTON BEACH, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2806950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPARD, MARIE	
STREET ADDRESS	140 W. OCEAN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUFFAN, LEE	
STREET ADDRESS	2563 S.W. 10TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PADGETT, TEREESA	
STREET ADDRESS	222 NW 1ST AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TRAYLOR, B S	
STREET ADDRESS	1260 S FED HWY, STE 101	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, ERNEST G.	
STREET ADDRESS	P.O.BOX 2020, NA	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorian Trauger	
STREET ADDRESS	717 Golf Court	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian K. Edwards	
STREET ADDRESS	629 NE 9th Ave.	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Moriarity	
STREET ADDRESS	1212 SW 22nd Ave.	
CITY-ST-ZIP	Boynton Beach, FL 33426	

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: MARY MORIARITY

9/5/02 561-732-2001

CR2E037 (4/02)