

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91056 047 ****61.25

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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.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P TRAUGER, DORIAN	<input type="checkbox"/> Delete
STREET ADDRESS	717 GOLF COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE NAME	PD BUFFAN, LEE	<input type="checkbox"/> Delete
STREET ADDRESS	2563 S.W. 10TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME	SD PADGETT, TEREESA	<input type="checkbox"/> Delete
STREET ADDRESS	222 NW 1ST AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE NAME	S EDWARDS, BRIAN K	<input type="checkbox"/> Delete
STREET ADDRESS	629 NE 9TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE NAME	D SIMON, ERNEST G.	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 2020, NA	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE NAME	T MORIARITY, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	1212 SW 22ND AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Brian K Edwards*
SIGNATURE REQUIRED

3/11/03 (54) 732-2739

CR2E037 (10/02)