

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90168 041 \*\*\*\*61.25

**DOCUMENT # N18085**

1. Entity Name  
**THE THIRTY PLUS FUND, INC.**



Principal Place of Business

C/O BERNARD JACOBSON  
701 BRICKELL AVE., S-3000  
MIAMI FL 33131

Mailing Address

C/O BERNARD JACOBSON  
701 BRICKELL AVE., S-3000  
MIAMI FL 33131

2. Principal Place of Business

**6801 Pullen Ave**

Suite, Apt. #, etc.

3. Mailing Address

**6801 Pullen Ave**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Coral Gables FL**

City & State

**Coral Gables FL**

4. FEI Number **59-2753921**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, BERNARD  
701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Bernard Jacobson**  
Street Address (P.O. Box Number is Not Acceptable)  
**6801 Pullen Ave**  
City **Coral Gables** **FL** Zip Code **33133**

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 **PD** ☐ Delete  
NAME **JACOBSON, FLORENCE**  
STREET ADDRESS **701 BRICKELL AVE S-3000**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VSD** ☐ Delete  
NAME **JACOBSON, BERNARD**  
STREET ADDRESS **701 BRICKELL AVE S-3000**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **AVD** ☒ Delete  
NAME **COLAN, BRUCE JAY**  
STREET ADDRESS **701 BRICKELL AVE S-3000**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6801 Pullen Ave**  
CITY-ST-ZIP **Coral Gables FL 33133**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6801 Pullen Ave**  
CITY-ST-ZIP **Coral Gables FL 33133**

TITLE ☒ Change ☐ Addition  
NAME **AVD Daniel J. Jacobson**  
STREET ADDRESS **28 Floor One SE Third Ave**  
CITY-ST-ZIP **Miami FL 33131**

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**Bernard Jacobson**

CR2E037 (10/02)