

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 027 ****61.25

DOCUMENT # N19430

1. Entity Name

THE GEORGE H. AND MILDRED B. PANUSKA FOUNDATION,

Principal Place of Business

Mailing Address

2500 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301

2500 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301-1508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0042134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANUSKA, GEORGE H.
 2500 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301

Name

Mildred B. Panuska

Street Address (P.O. Box Number is Not Acceptable)

2500 E. Las Olas Blvd.

City

Ft. Lauderdale

FL

Zip Code

33301

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	D	<input type="checkbox"/> Delete
NAME	PANUSKA, MILDRED B.	
STREET ADDRESS	2500 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSE, RAYMOND H.	
STREET ADDRESS	648 APPLEHILL ROAD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	RACK, WILMA B.	
STREET ADDRESS	1332 PENNSBURY DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BART A., JR.	
STREET ADDRESS	140 HIGHLAND AVE.	
CITY-ST-ZIP	FT. THOMAS KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Panuska, Robert	
STREET ADDRESS	755 Sunrise Drive	
CITY-ST-ZIP	BUSTIS, FL.	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montague, William	
STREET ADDRESS	50 EAST RIVERCENTER BLVA	
CITY-ST-ZIP	COVINGTON, KY.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Pd 61.25 4/26/00
 213005660*

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: *Wilma B. Rack*

4/12/00

513-451-8106

CR2037 (9/00)