

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 035 ****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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUSKA, MILDRED B
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	PANUSKA, MILDRED B.	2500 E LAS OLAS BLVD FT. LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	ROUSE, RAYMOND H.	648 APPLEHILL ROAD CINCINNATI OH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	RACK, WILMA B.	1332 PENNSBURY DRIVE CINCINNATI OH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	PANUSKA, ROBERT	755 SUNRISE DRIVE EUSTIS FL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	MONTAGUE, WILLIAM	50 EAST RIVERCENTER BLVD COVINGTON KY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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* **3/10/01** Director