

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23924

1. Entity Name

THE SHELDON V. AND CARROLL C. BROOKS FOUNDATION,

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90113 012 ****61.25

Principal Place of Business

Mailing Address

C/O DAVID C. HARDIN
500 E BROWARD BLVD STE 1950
FT. LAUDERDALE FL 33394

C/O DAVID C. HARDIN
500 E BROWARD BLVD STE 1950
FT. LAUDERDALE FL 33394-3004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1763716

Applied For

Not Applicable

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

HARDIN, DAVID C.
500 E BROWARD BLVD STE 1950
FT. LAUDERDALE FL 33394

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.

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 ☐ Delete
NAME D
STREET ADDRESS BROOKS, SHELDON V.
CITY-ST-ZIP 3 S MARINA DRIVE
KEY LARGO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BROOKS, CARROLL C.
CITY-ST-ZIP 3 S MARINA DRIVE
KEY LARGO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEIGHTON, KATHERINE
CITY-ST-ZIP 400 BAKER BLDG 730 2nd Ave So # 1450
MINNEAPOLIS MN

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Katherine M. Leighton
KATHERINE M. LEIGHTON
DIRECTOR

Date

Daytime Phone #

612-752-1772

CR2E037 (9/99)