

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

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90068 032 \*\*\*\*\*61.25

**DOCUMENT # N23924**

1. Entity Name

**THE SHELDON V. AND CARROLL C. BROOKS FOUNDATION,  
INC.**



Principal Place of Business

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

Mailing Address

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

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>BROOKS, SHELDON V.</b>									
	<b>3 S MARINA DRIVE</b>									
	<b>KEY LARGO FL</b>									
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>BROOKS, CARROLL C.</b>									
	<b>3 S MARINA DRIVE</b>									
	<b>KEY LARGO FL</b>									
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>LEIGHTON, KATHERINE</b>									
	<b>730 2ND AVE SO #1450</b>									
	<b>MINNEAPOLIS MN</b>									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<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:**

*Katherine Leighton*

**5-15-03**

**612-752-1772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)