

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24495

1. Entity Name

CLOVE HITCH FOUNDATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90074 014 ****70.00

Principal Place of Business

Mailing Address

2745 E ATLANTIC BLVD
SUITE 302
POMPANO BEACH FL 33062

2745 E ATLANTIC BLVD
SUITE 302
POMPANO BEACH FL 33062-4976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0046169

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

ST. GERMAIN, RANDALL
3200 NE 14TH STREET, CAUSEWAY
POMPANO BEACH FL 33062

Name

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

2745 E. Atlantic Blvd., Suite 302

City

Pompano Beach

FL

Zip Code

33062

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

Randall St. Germain

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 VD ☐ Delete
NAME ST. GERMAIN, RANDALL
STREET ADDRESS 3200 NE 14TH STREET, CAUSEWAY
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE PD ☒ Change ☐ Addition
NAME ST. GERMAIN, RANDALL
STREET ADDRESS 2745 E. Atlantic Blvd., Suite 302
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE PD ☒ Delete
NAME REEDER, GERARD
STREET ADDRESS 5841 N.E. 22ND AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

TITLE D ☐ Delete
NAME JANSEN, TERRY L
STREET ADDRESS 13670 77TH TERRACE
CITY-ST-ZIP SEBASTIAN FL 32978

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

Randall St. Germain

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27/00

(954)785-1400

Date

Daytime Phone #

CR2E037 (9/99)