

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90201 043 ****61.25

DOCUMENT # N35910



1. Entity Name
**SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUN
DATION, INC.**

Principal Place of Business
**C/O LANCE M. FAUER
700 N.W. 28TH ST. (NG ARMORY)
MIAMI FL 33127
US**

Mailing Address
**C/O LANCE M. FAUER
2119 WILLEY ST.
HOLLYWOOD FL 33020**

30024703



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0161527**

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

**LAGAS, JACQUES E
700 NW 28TH STREET
NG ARMORY
MIAMI FL 33127-4096**

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/6/02

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

TITLE	MD	<input type="checkbox"/> Delete
NAME	ASHER, MELISSA	
STREET ADDRESS	700 NW 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FAUER, LANCE M	
STREET ADDRESS	700 NW 28 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLS, ARTHUR C	
STREET ADDRESS	700 NW 28 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MCCLENDON, KELLY	
STREET ADDRESS	700 NW 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	MD	<input type="checkbox"/> Delete
NAME	ZAYAZ, CARLOS	
STREET ADDRESS	700 NW 28 STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MORIN, JOSE O	
STREET ADDRESS	700 NW 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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 type="checkbox"/> 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:

[Signature] **SIGNATURE REQUIRED**

2/6/02

Date

305-869-2711

Daytime Phone #

CR2E037 (10/02)