

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N37889**

1. Entity Name

DON SHULA FOUNDATION, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90133 004 ****61.25

Principal Place of Business

% CHARLES O. MORGAN, JR.
1300 N.W. 167TH ST.
MIAMI FL 33169

Mailing Address

% CHARLES O. MORGAN, JR.
1300 N.W. 167TH ST.
MIAMI FL 33169

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

65-0192721

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

MORGAN, CHARLES O JR
1300 N.W. 167TH ST
MIAMI FL 33169

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 \$61.259. 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 **S** ☐ Delete
NAME **HORTON, LAURA M.**
STREET ADDRESS **1300 N.W. 167TH ST.**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **STANTON, WILLIAM**
STREET ADDRESS **EVERGLADES HOUSE 1402 2000 S. OCEAN DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **EDT** ☐ Delete
NAME **MORGAN, CHARLES O JR**
STREET ADDRESS **1300 N.W. 167TH ST.**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TT** ☐ Delete
NAME **HOGUE, CHARLES**
STREET ADDRESS **5811 KENTUCKY DERBY**
CITY-ST-ZIP **AUSTIN TX**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PT** ☐ Delete
NAME **SHULA, DONALD F**
STREET ADDRESS **16 INDIAN CREEK ISLAND**
CITY-ST-ZIP **MIAMI BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **SHULA, MICHAEL**
STREET ADDRESS **TAMPA BAY BUCCANEERS 242 BRAXTON WAY**
CITY-ST-ZIP **TAMPA FL**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: *Charles O. Morgan Jr***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01

305 624 0011

CR2E037 (10/00)