

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90016 043 ****61.25

DOCUMENT # N37889

1. Entity Name

DON SHULA FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

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

B0017708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

City & State

4. FEI Number

65-0192721

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

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

Name

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

SUITE 3

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	S	<input type="checkbox"/> Delete
NAME	HORTON, LAURA M.	
STREET ADDRESS	1300 N.W. 167TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> Delete
NAME	STANTON, WILLIAM	
STREET ADDRESS	EVERGLADES HOUSE 1402 2000 S. OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	EDT	<input type="checkbox"/> Delete
NAME	MORGAN, CHARLES O JR	
STREET ADDRESS	1300 N.W. 167TH ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TT	<input type="checkbox"/> Delete
NAME	HOGUE, CHARLES	
STREET ADDRESS	5811 KENTUCKY DERBY	
CITY-ST-ZIP	AUSTIN TX	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SHULA, DONALD F	
STREET ADDRESS	16 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SHULA, MICHAEL	
STREET ADDRESS	TAMPA BAY BUCCANEERS 242 BRAXTON WAY	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SUITE 3	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SUITE 3	
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	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULA, MICHAEL	
STREET ADDRESS	MIAMI DOLPHINS 7500 SW 30 STREET	
CITY-ST-ZIP	DAVIE FL 33314	

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:

Michael Shula
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/02

(305)624.0011

CR2E037 (9/01)

Attachment
Doc# N37889
B001708

2002 UNIFORM BUSINESS REPORT
DON SHULA FOUNDATION, INC.
DOCUMENT #N37889

Line 10

ADDITIONAL OFFICERS AND DIRECTORS

TITLE T/Asst T
NAME ALLEN, WILLIAM JR
STREET ADDRESS NORTHERN TRUST BANK
CITY-ST-ZIP MIAMI, FL 33131

TITLE T/Asst S
NAME GRIESE, ROBERT A.
STREET ADDRESS 3195 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V/T
NAME SHULA, DAVID
STREET ADDRESS 10805 INDIAN TRAIL
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE T
NAME SHULA, MARY ANNE
STREET ADDRESS 16 INDIAN CREEK ISLAND
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE T/Asst S
NAME YOUNTS, SANDRA
STREET ADDRESS 7601 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES, FL 33014