2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37907

1. Entity Name

CORAL GABLES COMMUNITY FOUNDATION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State
01-22-2000 90021 006 ****61.25

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD MEZZANINE CORAL GABLES FL 33134 US	1825 PONCE DE LEON BLVD 447 CORAL GABLES FL 33134-4418 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2801 Ponce de Leon Blvd.	
Suite/Apt. #, etc.: 550	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

4. FEI Number: 65-0208290 ☐ 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
LOCKWOOD, KEVIN J 220 MIRACLE MILE SUITE 224 STE. 224 CORAL GABLES FL 33134	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 $61.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CALVO, JOSE A III 1015 ALONSO AVE. CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CLARKE, PATRICIA H 1001 SUNSET DR. CORAL GABLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Lockwood, Kevin J. 220 Miracle Mile Ste 224 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS YOUNG, MARY 1115 COUNTRY CLUB PRADO CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LOCKWOOD, KEVIN J 220 MIRACLE MILE SUITE 224 CORAL GABLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Francis J. Giuffrida 800 Valencia Avenue Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BURNS, GLORIA A 1825 PONCE DE LEON BLVD., STE. 447 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED TREASURER 1/12/00 (305) 447-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #