

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90025 011 ****61.25

DOCUMENT # N38320

1. Entity Name

THE JIMMY FOUNDATION, INC.

Principal Place of Business

20221 NW 5 ST
 PEMBROKE PINES FL 33029
 US

Mailing Address

20221 NW 5 ST
 PEMBROKE PINES FL 33029
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0207002

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

HOTCHKISS, MARYANN
 20221 NW 5 ST
 PEMBROKE PINES FL 33029

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 Mrs. Maryann Hotchkiss, Pres. Maryann Hotchkiss 5/07/01
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 PD ☐ Delete
 NAME HOTCHKISS, MARYANN C.
 STREET ADDRESS 4814 GRAPEVINE WAY
 CITY-ST-ZIP DAVIE FL

TITLE PD ☒ Change ☐ Addition
 NAME HOTCHKISS, MARYANN C.
 STREET ADDRESS 20221 NW 5th St.
 CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE VD ☒ Delete
 NAME HOTCHKISS, JAMES (SR.)
 STREET ADDRESS 7025 GARVIN CT.
 CITY-ST-ZIP COLORADO SPGS. CO

TITLE ED ☐ Change ☒ Addition
 NAME GRANESE, Edith
 STREET ADDRESS 16178 SW 11 St.
 CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE SD ☐ Delete
 NAME HOTCHKISS, JIM
 STREET ADDRESS 4814 GRAPEVINE WAY
 CITY-ST-ZIP DAVIE FL

TITLE ☒ Change ☐ Addition
 NAME 20221 NW 5th St.
 STREET ADDRESS Pembroke Pines, FL 33029
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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.

SIGNATURE: Maryann Hotchkiss 5/07/01 432-0206 (954)

CR2E037 (10/00)