

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39470

1. Entity Name

SAVE OUR SILVERS FOUNDATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90026 032 ****61.25

Principal Place of Business

Mailing Address

17771 SW 51 ST
FT. LAUDERDALE FL 33331
US

17771 SW 51 ST
FT LAUDERDALE FL 33331-1119
US

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

65-0253398

5. Certificate of Status Desired

☐

Applied For
☒ Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JEANNIE
17771 SW 51 ST
FT LAUDERDALE FL 33331

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)

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 PC
NAME JOHNSON, JEANNIE
STREET ADDRESS 17771 SW 51 ST
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE TVD
NAME JOHNSON, LARRY
STREET ADDRESS 17771 SW 51 ST
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE VD
NAME KESTEN, IRENE
STREET ADDRESS 9165 S. OCEAN DR.,APT 6G
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE VD
NAME SMITH, CHARLENE
STREET ADDRESS P. O. BOX 351 N/A
CITY-ST-ZIP TRILBY FL ☐ Delete

TITLE SD
NAME SMITH, PETER
STREET ADDRESS 4645 BLUE PINE CIRCLE
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE D
NAME SMITH, ALICIA
STREET ADDRESS 4645 BLUE PINE CIRCLE
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

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

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

TITLE ☐ Change ☐ *
NAME
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NAME
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ *
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #