

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46653

1. Entity Name

MCINTYRE FOUNDATION, INC.

Principal Place of Business

98 S.E. 6TH AVE
STE. 3
DELREY BEACH FL 33483
US

Mailing Address

PO BOX 8514
CORAL SPRINGS FL 33075-8514
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

65-0308008

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

DALE, CHARLES S., JR.
701 W. CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309

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

TITLE D ☐ Delete
NAME CUCCI, LINDA
STREET ADDRESS 7620 MARBLEHEAD COURT
CITY-ST-ZIP PARKLAND FL 33067

TITLE D ☐ Delete
NAME RAULINS, DEE
STREET ADDRESS 11696 NW 19TH DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME TURPEL, NANCY
STREET ADDRESS 20889 ENCANTO COURT
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ Delete
NAME CHARLES E. MCINTYRE
STREET ADDRESS 10235 W SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME COX, KAREN
STREET ADDRESS 10235 W SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ Delete
NAME HAKEMIAN, CAROL
STREET ADDRESS 10235 W SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Add
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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:

Linda Cucci

4/25/00 561-279-229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 014 ****61.25

C0014437



DO NOT WRITE IN THIS SPACE

0. Officers and Directors (con't)

D

Marlene Parks, Chairperson
3100 N.W. 108th Drive
Coral Springs, Florida 33065

D

Linda Brown
1875 Eagle Trace Blvd.
Coral Springs, Florida 33071