

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90085 012 ****61.25

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DOCUMENT # N46653

1. Entity Name

MCINTYRE FOUNDATION, INC.

Principal Place of Business

Mailing Address

88 S.E. 6TH AVE
STE. 3 -
DELRAY BEACH FL 33483
US

PO BOX 6514
CORAL SPRINGS FL 33076
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2929 University Drive

2929 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

Suite 204

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number

65-0308008

Applied For

Not Applicable

Zip
33065

Country
Broward

Zip
33065

Country
Broward

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. 414 NE 4th Street
FT. LAUDERDALE FL 33309 Ft. Lauderdale, FL 33301

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
D
CUCCI, LINDA
7620 MARBLEHEAD COURT
PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Marlene Parks
3100 NW 108th Drive
Coral Springs, Florida 33065 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Margaret McIntyre
5514 Old Ocean Blvd.
Ocean Ridge, Florida 33435 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Linda Brown
1875 Eagle Trace Blvd.
Coral Springs, Florida 33071 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHARLES E. MCINTYRE
10235 W SAMPLE RD. 5514 Old Ocean Blvd
CORAL SPRINGS FL Ocean Ridge, FL 334 ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAKEMIAN, CAROL
10235 W SAMPLE RD. 3682 NW 24 Terrace
CORAL SPRINGS FL Boca Raton, FL 334 ☐ Delete

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

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 #

CR2E037 (10/00)

1/10/01 1-954-344-1551