

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90126 037 \*\*\*\*61.25

**DOCUMENT # N46653**

1. Entity Name

**MCINTYRE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2929 UNIVERSITY DRIVE  
 SUITE 204  
 CORAL SPRINGS FL 33065  
 US**

**2929 UNIVERSITY DRIVE  
 SUITE 204  
 CORAL SPRINGS FL 33065  
 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 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

**DALE, CHARLES S., JR.  
 414 NW 4TH STREET  
 FORT LAUDERDALE FL 33301**

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

TITLE ☐ Change ☐ Addition  
 NAME **Chairperson**  
 STREET ADDRESS **Marlene Parks**  
 CITY-ST-ZIP **3100 NW 108 Dr.  
 Coral Springs, FL 33065**

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **CHARLES E. MCINTYRE**  
 STREET ADDRESS **5514 OLD OCEAN BLVD**  
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

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

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

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

TITLE **D** ☐ Delete  
 NAME **HAKEMIAN, CAROL**  
 STREET ADDRESS **3682 NW 24 TERRACE**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

954-344-1551

CR2E037 (9/01)