2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # N46949** 1. Entity Name THE AMERICA CHARITABLE FUND, INC. 02-14-2000 90045 027 ****61.25 Principal Place of Business Mailing Address 9960 CENTRAL PR BLVD 9960 CENTRAL PK BLVD STE/300 . BOCA RÁTON FL 33428 **BOCA RATON FL 33488-0095** 2. Principal Place of Business 3. Mailing Address B80095 370 CAMINE MERC PO BO) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0305847 oc 4 RATUR Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired 334 Fee Required USA . 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) **RITTER & CHUSID** 7000 W. PALMETTO PARD ROAD #400 **BOCA RATON FL 33433** Zip Code FL 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) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME LUXEN, JOHN J. NAME STREET ADDRESS STREET ADDRESS 2890 SW 22ND CIRCLE 24-A2 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Addition ☐ Delete ☐ Change TITLE TITLE **BLOOM STEPHEN** NAME NAME STREET ADDRESS STREET ADDRESS 1917 PAMCSIDE CIRCLE SOUTH CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE ☐ Delete NAME SCHUMAN, DANIEL NAME STREET ADDRESS STREET ADDRESS 3279 CLINT MOORE ROAD #205 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Delete ☐ Change ☐ Addition TITLE TITLE NAME SCHUMAN, BARBARA NAME STREET ADDRESS STREET ADDRESS 3279 CLINT MOORE ROAD #205 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** AVGY VULTAGGIO ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS BOCA ROTON, PL CITY-ST-ZIP CITY-ST-ZIP CRAIG BÉRGLOUS TITLE ☐ Change Addition TITLE ☐ Delete 9985 W. CL4005 RAD NAME NAME STREET ADDRESS STREET ADDRESS Bar Rason, Phoeiga CITY-ST-ZIP 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:

FILED