

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48644

1. Entity Name

TUAL FIRESTONE ANTHROPOLOGICAL RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOUR ISLANDS FL 33154
US

1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOUR ISLANDS FL 33154
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

65-0330331

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

SILVERS, ROBERT H
1140 KANE CONCOURSE, 5TH FL
BAY HARBOR ISLAND FL 33154

Name

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

City

FL

Zip Code

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 FIRESTONE, ANNY TUAL 1140 KANE CONCOURSE 5TH FLOOR BAY HRBR ISLANDS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, MELVILLE 1140 KANE CONCOURSE 5TH FLOOR BAY HRBR ISLANDS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVERS, ROBERT 1140 KANE CONCOURSE 5TH FLOOR BAY HRBR ISLANDS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AGENT: *[Signature]* 2/5/02 305-864-7531

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90163 032 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)