2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90122 045 ****61.25

DOCUMENT # N49149

1. Entity Name

PLANNED GIVING COUNCIL OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
C/O JOHN ANZIVINO 2699 S BAYSHORE DR. STE 500 MIAMI FL 33133 US	C/O JOHN ANZIVINO 2699 S BAYSHORE DR. STE 500 MIAMI FL 33133-5421 US

DO NOT WRITE IN THIS SPACE

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 65-0406749 ☐ 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
RAATTAMA, HENRY H JR C/O AKERMAN SENTERFITT & EDISON, P.A. ONE SE THIRD AVE, 28TH FLOOR MIAMI FL 33131	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 John R Anzivino 1/18/00
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	~~T~~ LUBITZ, LINDA S 9130 S DADELAND BLVD #1600 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JoAnn Malyevac 3250 SW Third Ave Miami, FL 33129 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~PORT, MICHELLE~~ ~~2020 S ANDREWS AVE~~ ~~FT LAUDERDALE FL 33316~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEINTARAUB, TERESA 700 BRICKELL AVE MIAMI FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANZIVINO, JOHN 2699 S. BAYSHORE DRIVE, #500 COCONUT GROVE FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ D CHASEN, JERRY E 420 LINCOLN RD MIAMI BCH FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ P CASALE, FRANK BARRY UNIVERSITY, 11300 NE 2 AVE MIAMI FL 33161 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #