

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000670

1. Entity Name

B.C.D.S. ALUMNI FOUNDATION OF FLORIDA, INC.

Principal Place of Business

1069 MAIN ST  
SEBASTIAN FL

Mailing Address

1069 MAIN ST  
SEBASTIAN FL 32958-8627

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LULICH, STEVEN  
1069 MAIN ST  
SEBASTIAN FL

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME ABELI, CRAIG P  
STREET ADDRESS 851 E STATE RD 434  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete  
NAME EGGNATZ, LEE  
STREET ADDRESS 3705 GARFIELD ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete  
NAME FISCHER, HENRY A  
STREET ADDRESS 10725 US #1  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☐ Delete  
NAME MEDINA, JOSE  
STREET ADDRESS 5002 NW 18TH PL  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Delete  
NAME STANLEY, HAROLD  
STREET ADDRESS 2 SEA OAKS TER  
CITY-ST-ZIP OMOND BY THE SEA FL 32176

TITLE D ☐ Delete  
NAME GOODREAU, GEORGE  
STREET ADDRESS 516 N MCARTHUR AVE  
CITY-ST-ZIP PANAMA CITY FL 32401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90056 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3160969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)

3/30/2000 561-589-5337