

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004067

1. Entity Name

FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.

Principal Place of Business

13495 TOURNAMENT DRIVE  
PALM BEACH GARDENS FL 33410

Mailing Address

13495 TOURNAMENT DRIVE  
PALM BEACH GARDENS FL 33410-1204

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

65-0440215

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

MCCRACKEN, JOHN B  
C/O JONES FOSTER JOHNSON & STUBBS PA  
505 S FLAGLER DR SUITE 100  
W PALM BEACH FL 33401

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	<input type="checkbox"/> Delete
NAME	ZWERLING, ELINOR	
STREET ADDRESS	13615 VERDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, ELAYNE	
STREET ADDRESS	13764 LE HAVRE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, MARIKAY	
STREET ADDRESS	13917 LE HARVE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lila Silver	
STREET ADDRESS	13853 Le Havre Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Leven	
STREET ADDRESS	3221 Burgundy Drive North	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Wiener	
STREET ADDRESS	13245 Verdun Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/29/00

Date

627-1467

Daytime Phone #

CR2E037 (9/99)