

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
May 22, 2001 8:00 am
Secretary of State

04-30-2001 90114 029 ****61.25

DOCUMENT # N93000004067

1. Entity Name

FRENCHMAN'S CREEK CHARITIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**13495 TOURNAMENT DRIVE
 PALM BEACH GARDENS FL 33410**

**13495 TOURNAMENT DRIVE
 PALM BEACH GARDENS FL 33410**

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** ☒ Delete
 NAME **ZWERLING, ELINOR**
 STREET ADDRESS **13615 VERDE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Delete
 NAME **ROSEN, ELAYNE**
 STREET ADDRESS **13764 LE HAVRE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Delete
 NAME **SCHWARTZ, MARIKAY**
 STREET ADDRESS **13917 LE HARVE DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
 NAME **Iris Leaf**
 STREET ADDRESS **3350 St. Malo Court**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☒ Change ☐ Addition
 NAME **Edward Sack**
 STREET ADDRESS **13789 Le Havre Drive**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☒ Change ☐ Addition
 NAME **GEORGE MURPHY**
 STREET ADDRESS **13839 LE MANS WAY**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

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

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

3/29/01
 Date

501-624-1923
 Daytime Phone #

CR2E037 (10/00)