

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000005734**

1. Entity Name

**THE LEONARD AND SOPHIE DAVIS FOUNDATION, INC.**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

601 CLEARWATER PARK RD.  
 SUITE 201  
 WEST PALM BEACH FL 33401

601 CLEARWATER PARK RD.  
 SUITE 201  
 WEST PALM BEACH FL 33401-6233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3233822**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOADLEY, MARILYN**  
**601 CLEARWATER PARK RD.**  
**SUITE 201**  
**WEST 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HOADLEY, MARILYN	
STREET ADDRESS	400 N. FLAGLER DR PHC2	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DAVIS, LEONARD	
STREET ADDRESS	120 CASA BENDITA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DAVIS, SOPHIE	
STREET ADDRESS	120 CASA BENDITA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ALAN	
STREET ADDRESS	68 JORDAN ST	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL	
STREET ADDRESS	475 BELVEDERE AVE.	
CITY-ST-ZIP	BELVEDERE CA 94920	
TITLE		<input type="checkbox"/> Delete
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
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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: Marilyn Hoadley DIRECTOR Marilyn Hoadley 1/26/00 (561) 832-6466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)