

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-01-2001 90123 043 ****61.25

DOCUMENT # N93000005734

1. Entity Name

THE LEONARD AND SOPHIE DAVIS FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

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 **59-3233822**

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

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:
FEF 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** ☐ Delete
 NAME **HOADLEY, MARILYN D**
 STREET ADDRESS **400 N. FLAGLER DR PHC2**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VPT** ☒ Change ☐ Addition
 NAME **D Alan Davis**
 STREET ADDRESS **68 Jordan Street**
 CITY-ST-ZIP **San Francisco, CA**

TITLE **VPT** ☒ Delete
 NAME **DAVIS, LEONARD** deceased
 STREET ADDRESS **120 CASA BENDITA**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **D Michael Davis**
 STREET ADDRESS **475 Belvedere**
 CITY-ST-ZIP **San Francisco, CA**

TITLE **VPS** ☒ Delete
 NAME **DAVIS, SOPHIE** deceased
 STREET ADDRESS **120 CASA BENDITA**
 CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **D** ☒ Delete
 NAME **DAVIS, ALAN**
 STREET ADDRESS **68 JORDAN ST**
 CITY-ST-ZIP **SAN FRANCISCO CA**

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

TITLE **D** ☒ Delete
 NAME **DAVIS, MICHAEL**
 STREET ADDRESS **475 BELVEDERE AVE.**
 CITY-ST-ZIP **BELVEDERE CA 94920**

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

TITLE ☐ Delete
 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

Date

Daytime Phone #

CP2E037 (10/00)