


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90482 036 \*\*\*\*61.25

**DOCUMENT # N93000005785**

1. Entity Name  
**SHAY FOUNDATION, INC.**



Principal Place of Business  
**105 ARVIDA PARKWAY  
CORAL GABLES FL 33156**

Mailing Address  
**105 ARVIDA PARKWAY  
CORAL GABLES FL 33156**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0455713**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI, INC.  
201 S BISCAYNE BLVD  
SUITE 1600  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DCP SHAY, RODGER D SR	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	DVT SHAY, RODGER D JR	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	DVS SHAY, GRACE D	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	DV BUCHANAN, LYNN A	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	DV SHAY, RYAN E	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE NAME	DV MOTTER, LORI A	<input type="checkbox"/> Delete
STREET ADDRESS	105 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED** 1/11/03 786-268-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)