

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000137

1. Entity Name

THE G.A.P. FOUNDATION, INC.

Principal Place of Business

P.O. BOX 1497  
WEST PALM BEACH FL 33402  
US

Mailing Address

P.O. BOX 1497  
WEST PALM BEACH FL 33402-1497  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33402

Country

4. FEI Number

65-0452264

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

DENNIS, DONALD R  
5184 SW 27TH TERRACE  
FT LAUDERDALE FL 33312

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 ☒ Delete

NAME CUSHING, THOMAS  
STREET ADDRESS 2101 1ST RD.  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Delete

NAME VPD  
NAME DENNIS, DONALD R  
STREET ADDRESS 5184 SW 27TH TER  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete

NAME BENE, STEVEN  
STREET ADDRESS 4730 SW 27TH TERR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Delete

NAME PD  
NAME CALDWELL, ROBINSON  
STREET ADDRESS 2600 N FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Delete

NAME A  
NAME SMITH, ANDREW  
STREET ADDRESS 249 ROYAL PALM WAY, STE. 400  
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Delete

NAME ~~XXXXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXXXX~~  
CITY-ST-ZIP ~~XXXXXXXXXXXX~~

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME G. DULANEY HOWLAND  
STREET ADDRESS 6116 N. CENTRAL EXPRESSWAY (518)  
CITY-ST-ZIP DALLAS, TX 75206

TITLE ☒ Change ☒ Addition

NAME JANE ROBINSON  
STREET ADDRESS 2600 N FLAGLER DR  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE ☐ Change ☒ Addition

NAME REV. WARREN BURTON  
STREET ADDRESS 426 FORESTERIA DRIVE  
CITY-ST-ZIP LAKE PARK, FL 33403

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE