

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90049 048 \*\*\*\*\*61.25

0049127

**DOCUMENT # N94000000137**

1. Entity Name

**THE G.A.P. FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

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

**940852**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0452264**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**CUSHING, THOMAS**  
**219 LIST RD**  
**PALM BEACH FL**

☒ Delete

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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**BENING, STEVEN**  
**4730 SW 27TH TERR**  
**FT LAUDERDALE FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**HOWLAND, G DULANY**  
**6116 N CENTRAL EXPWY 518**  
**DALLAS TX 75206**

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PELEBASH, PETER**  
**6 PRESERVATION DRIVE**  
**MILL BROOK, N.Y. 12545**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 of Jane Robinson*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 4, 2001 (561) 833-5452*

Date

Daytime Phone #

CR2E037 (10/00)