

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000137

1. Entity Name

THE G.A.P. FOUNDATION, INC.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90556 012 ****61.25

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

4:0 6 0 0 U

2. Principal Place of Business

3. Mailing Address

5720 Lakeside Drive
Suite, Apt. #, etc.

5720 Lakeside Drive
Suite, Apt. #, etc.

#619

#619

City & State

City & State

Margate FL

Margate FL

Zip

Country

Zip

Country

73063

US

33063

USA

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELEBASH, PETER
5 RESERVOIR DRIVE
MILLBROOK NY 12545 ☒ Delete

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

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
☐ Change ☐ Addition

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
PD Bening, Stephen L.
5720 Lakeside Dr., #619
Margate, FL 33063 ☒ Change ☐ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ROBINSON, JANE
2800 N FLAGLER DR
WEST PALM BEACH FL ☒ Delete

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

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
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)