## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # N9500001498 1. Entity Name JOHN G. STEWART LEADERSHIP FOUNDATION, INC. 01-25-2000 90101 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 1799 7TH SVE N 1799 7T AVE N LAKE WORTH FL 33461 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0667892 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VAN TIEM, FLORENTINE S 1799 7TH AVE N LAKE WORTH FL 33461 Zip Code City 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition PDT Delete TITLE TITLE NAME NAME van tiem, florentine s STREET ADDRESS STREET ADDRESS 1799 7TH AVE N CITY-ST-ZIP CITY-ST-ZIP lake worth fl 🔏 Change Addition Delete TITLE TITLE VAN TIEM, JOSEPH S -H9330C,M317 NAV NAME 9136 CARRIAGE HSE LN. STREET ADDRESS STREET ADDRESS 5116 WELLINGHALL WAY CITY-ST-ZIP CITY-ST-ZIP DWMBIA, MD COLUMBIA MD ☐ Change Addition ☐ Delete TITLE D TITLE OLESKY, VICTORIA H NAME STREET ADDRESS STREET ADDRESS 63 CITRUS PARK LANE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Defete ☐ Change Addition TITLE SD TITLE RAYMOND, JOHN J JR. NAME NAME STREET ADDRESS STREET ADDRESS 1200 NO. FEDERAL HIGHWAY STE. 411 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Daytime Phone # Date