

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001979

1. Entity Name

J. FRED DANKER FAMILY FOUNDATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90014 026 ****61.25

Principal Place of Business

Mailing Address

2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

US

2635 S.W. GREENWICH WAY

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY

City & State

FLA

4. FEI Number

65-0584122

Applied For

Not Applicable

Zip

Country

U.S.A

Zip

34990-7510 MARTIN

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

Name

J. FRED DANKER

Street Address (P.O. Box Number is Not Acceptable)

2635 S.W. GREENWICH WAY

PALM CITY

City

FLORIDA

FL

Zip Code

34990

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKER, J. FRED		NAME	
STREET ADDRESS	2635 SOUTH WEST GREENWICH WAY		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBRELL, JOANN C.		NAME	
STREET ADDRESS	1479 ALLEN STREET		STREET ADDRESS	
CITY-ST-ZIP	MT. PLEASANT SC 29464		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKER, JOHN W		NAME	
STREET ADDRESS	7500 S.W. 81ST AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKER, THOMAS F		NAME	
STREET ADDRESS	16900 S.W. 264TH STREET		STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKER, HILDEGARD A		NAME	
STREET ADDRESS	26355 SW GREENWICH WAY		STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 (9/99)