

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003504

1. Entity Name

THE M.D. FOUNDATION, INC.

Principal Place of Business

350 MAITLAND AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 618102
ORLANDO FL 32861-8102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0594088

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

GLENN, GRACE
1464 TYMBERWOOD LANE
ORLANDO FL 32839

Name
Grace Glenn

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

127 Lakewood Circle

City
Maitland

FL

Zip Code
32751

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 Grace Glenn, Registered Agent

04/25/2000

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 CPD
NAME GLENN, GRACE
STREET ADDRESS 4164 TYMBERWOOD LANE
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE CPD
NAME Glenn, Grace
STREET ADDRESS 127 Lakewood Circle
CITY-ST-ZIP Maitland, FL 32751 ☒ Change ☐ Addition

TITLE SDT
NAME HARRY, ELIZABETH
STREET ADDRESS 1462 N.W. 97 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

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

TITLE D
NAME LAWRENCE, KEVIN
STREET ADDRESS 14761 N.W. 16TH DRIVE
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: GRACE GLENN (407) 522-3400 x 2606

04/25/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90051 048 ****70.00

951750



DO NOT WRITE IN THIS SPACE