2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N95000005330** Jan 19, 2000 8:00 am **Secretary of State** JOHN W. NICK FOUNDATION, INC. 01-19-2000 90188 043 ****61.25 Principal Place of Business Mailing Address 120 NEBRASKA CIRCLE 120 NEBRASKA CIRCLE SEBASTIAN FL 32958-6701 SEBASTIAN FL 32958 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 65-0615995 Not Applicable Country \$8.75 Additional Zip 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) NICK, NANCY E 120 NEBRASKA CIRCLE SEBASTIAN FL 32958 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE PD ☐ Delete TITLE NICK, NANCY 1 NAME NAME STREET ADDRESS 120 NEBRASKA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SEBASTIAN FL 32958 ☐ Addition Change TITLE VPT ☐ Delete TITLE NAME AGOSTINO, MICHAEL NAME STREET ADDRESS STREET ADDRESS 901 NORTH POINT PKWY CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Change Addition TITLE Delete TITLE TT ~ NAME HIGGS, GEORGE NAME STREET ADDRESS STREET ADDRESS 350 SHORES DR CITY-ST-ZIP CITY-ST-ZIP <u>VERO BCH FL 32964</u> ☐ Change ☐ Addition ST Delete TITLE TITLE NAME NAME AMY, ELAINE STREET ADDRESS STREET ADDRESS 656 FIDDLE WOOD RD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP 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