

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-11-2001 90136 022 ****61.25

DOCUMENT # N96000000591

1. Entity Name

FLORIDA REEF FOUNDATION INC.

Principal Place of Business

426 SEASPRAY AVE
PALM BEACH FL 33480

Mailing Address

426 SEASPRAY AVE
PALM BEACH FL 33480

2. Principal Place of Business

3214 32nd COURT

Suite, Apt. #, etc.

3. Mailing Address

3214 32nd COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FLZip
33477Country
USACity & State
JUPITER, FLZip
33477Country
USA

4. FEI Number

65-0638476

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELIAS, W.D.
405 SEASPRAY AVE.
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name CAROLE L GRANT

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

3214 32nd COURT

City JUPITER

FL

Zip Code 33477

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

Carol L Grant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, CAROLE L	
STREET ADDRESS	3214 32ND COURT	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWINGHAMMER, SEAN	
STREET ADDRESS	16332 SHADOW COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELIAS, WILLIAM	
STREET ADDRESS	426 SEA SPRAY AVE	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	CAROLE L GRANT	
CITY-ST-ZIP	3214 32ND COURT	
	JUPITER, FL 33477	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RECORDING SECRETARY	
STREET ADDRESS	JOANNE GRIMES	
CITY-ST-ZIP	724 LAUREL DRIVE	
	LAKE PARK, FL 33403	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	HOLLY SKEEN	
CITY-ST-ZIP	1365 CLIMBING ROSE LANE	
	WEST PALM BEACH, FL 33415	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Carol L Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(561) 743-6600

Daytime Phone #

CR2E037 (10/00)