

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90010 019 \*\*\*\*61.25

**DOCUMENT # N96000001677**

1. Entity Name

**FRANK J. LEWIS FOUNDATION, INC.**

Principal Place of Business

**31 W. 20TH ST.  
RIVIERA BEACH FL 33419**

Mailing Address

**31 W. 20TH ST.  
RIVIERA BEACH FL 33419**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0652107**

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

**LEWIS, PHILIP D  
31 W. 20TH ST.  
RIVIERA BEACH FL 33419**

Name

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

City

**FL**

Zip Code

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
NAME	LEWIS, EDWARD D	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA SOUTH	
CITY-ST-ZIP	PALM BEACH FL	

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, PHILIP D	
STREET ADDRESS	31 W. 20TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33419	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, DIANA	
STREET ADDRESS	2765 TECUMSEH DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, MEGAN M	
STREET ADDRESS	610 PARK CREST DR.	
CITY-ST-ZIP	THIENSVILLE WI	

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

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

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy P. Lewis	
STREET ADDRESS	7924 Gregory Place	
CITY-ST-ZIP	West Palm Beach, FL 33405	

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

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Lewis Navarro	
STREET ADDRESS	18170 Jupiter Landings Drive	
CITY-ST-ZIP	Jupiter, FL 33458	

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**

P.D. Lewis

3/9/01

(561) 844-0201

Date

Daytime Phone #

CR2E037 (10/00)