

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90177 003 ****61.25

DOCUMENT # N96000002267

1. Entity Name

EGAN FAMILY FOUNDATION, INC.

Principal Place of Business

**333 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301
US**

Mailing Address

**333 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301
US**

2. Principal Place of Business

**110 E Broward Blvd.
Suite 1400**

3. Mailing Address

P.O. Box 029006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale, FL

Zip

Country

33301

USA

Zip

Country

33302

USA

6. Name and Address of Current Registered Agent

**SMITH, DENNIS D
110 S.E. 6TH ST.
28TH FLOOR
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

TITLE **VPD** ☐ Delete
NAME **EGAN, S J**
STREET ADDRESS **333 E. LAS OLAS BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VPTS** ☐ Delete
NAME **ARTHUR, ROSALIE V**
STREET ADDRESS **333 E. LAS OLAS BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PD** ☐ Delete
NAME **EGAN, MICHAEL S**
STREET ADDRESS **333 LAS OLAS BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **110 E Broward Blvd, Suite 1400**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **110 E Broward Blvd, Suite 1400**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **110 E Broward Blvd, Suite 1400**
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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

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

TITLE ☐ Change ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres. 4/23/01

Date

(954) 764-5949

Daytime Phone #

CR2E037 (10/00)