

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90112 047 ****61.25

0074183

DOCUMENT # N96000002267

1. Entity Name

EGAN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

110 E. BROWARD BLVD.
 SUITE 1400
 FORT LAUDERDALE FL 33301
 US

PO BOX 029006
 FT. LAUDERDALE FL 33302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0735873

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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: **VPD** Delete
 NAME: **EGAN, S J**
 STREET ADDRESS: **110 E. BROWARD BLVD., STE 1400**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VPTS** Delete
 NAME: **ARTHUR, ROSALIE V**
 STREET ADDRESS: **110 E. BROWARD BLVD., STE 1400**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: **VPTS** Change Addition
 NAME: **Segaul, Robin**
 STREET ADDRESS: **110 E. Broward Blvd., Ste. 1400**
 CITY-ST-ZIP: **Ft. Lauderdale FL 33301**

TITLE: **PD** Delete
 NAME: **EGAN, MICHAEL S**
 STREET ADDRESS: **110 E. BROWARD BLVD., STE 1400**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 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)(l), 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

V. Pros.

4/11/02

954)769-5949

Date

Daytime Phone #

CR2E037 (9/01)