2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # N96000002937 1. Entity Name THE SANSBURY FOUNDATION, INC. 09-18-2000 90041 049 ****70.00 Mailing Address Principal Place of Business 775 W 49TH ST 775 W 49TH ST MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-068 1863 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANSBURY, SHELLEY 775 W 49TH ST MIAMI BEACH FL 33140 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SANSBURY, SHELLEY NAME NAME STREET ADDRESS 775 W 49TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Addition ☐ Delete TITLE ☐ Change TITLE SANSBURY, DOROTHY NAME STREET ADDRESS STREET ADDRESS 775 W 49TH ST CITY-ST-ZIP CITY-ST-ZIP. -MIAMI BEACH FL-33140-X Addition Delete 💢 TITLE ☐ Change TITLE Blaida, Debbie NAME SANSBURY, DARCY NAME 775 W 49th St 92300 OVERSEAS HWY STAFF BUILDERS STREET ADDRESS STREET ADDRESS 33140 **TAVERNIER FL 33070** CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH ☐ Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

ddrese, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with a