

2002 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000003504

1. Entity Name

MAURER FAMILY FOUNDATION INC

FILED

02 NOV 26 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
217 EVERGLADE AVE
Suite, Apt. #, etc.

City & State
PALM BEACH, FL
Zip 33480 **Country**

3. Mailing Address
217 EVERGLADE AVENUE
Suite, Apt. #, etc.

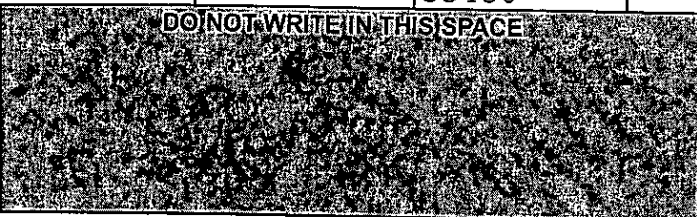
City & State
PALM BEACH, FL
Zip 33480 **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1469474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



7. Name and Address of Current Registered Agent

Name
GILBERT MAURER
Street Address (P.O. Box Number is Not Acceptable)
217 EVERGLADE AVE.
City PALM BEACH **FL** **Zip Code** 33480

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 *GCMaurer* *Chairman* *11-20-'02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS	
TITLE CD NAME MAURER, GILBERT C STREET ADDRESS 217 EVERGLADE AVE CITY - ST - ZIP PALM BEACH, FL	D
TITLE PD NAME MAURER, ANN E STREET ADDRESS 217 EVERGLADE AVE CITY - ST - ZIP PALM BEACH, FL	D
TITLE VC NAME MAURER, CHRISTOPHER C STREET ADDRESS 12741 LONG COVE DR CITY - ST - ZIP CHARLOTTE, NC	D
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *GCMaurer* *9.10.02* *212 649 2580*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**