

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003528

1. Entity Name

FLORIDA PHILANTHROPY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90057 009 ****61.25

Principal Place of Business

Mailing Address

1555 PALM BEACH LAKES BLVD
#1414
WEST PALM BEACH FL 33401

1555 PALM BEACH LAKES BLVD
#1414
WEST PALM BEACH FL 33401-2329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0689282

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

RAY, WILLIAM E
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

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 ☐ Delete
NAME RAY, WILLIAM E
STREET ADDRESS 1555 PALM BEACH LAKES BOULEVARD
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE CD ☐ Delete
NAME MONTGOMERY, ROBERT M JR
STREET ADDRESS 1016 CLEARWATER PLACE
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE SD ☐ Delete
NAME DAVIDSON, TIPPEN
STREET ADDRESS 1608 NORTH OLEANDER AVE
CITY-ST-ZIP DAYTONA FL 32018

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

TITLE TD ☐ Delete
NAME RAMPALL, RICHARD
STREET ADDRESS 122 SOUTH COUNTY RD
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE D ☐ Delete
NAME MORTHAM, SANDRA
STREET ADDRESS 6675 WEEPING WILLOW WAY
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE VCD ☐ Delete
NAME GORRAN, JODY A
STREET ADDRESS 12840 MEADOWBREEZE DR
CITY-ST-ZIP WELLINGTON FL 33414

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:

Richard Rampell RICHARD RAMPALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

CR2E037 (9/99)