

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90039 030 \*\*\*\*61.25

**DOCUMENT # N96000004569**

1. Entity Name

**COURTNEY ANNE POSTMA MEMORIAL FOUNDATION, INC.**

Principal Place of Business

**1535 S.E. 17TH STREET  
SUITE 205  
FORT LAUDERDALE FL 33316**

Mailing Address

**1535 S.E. 17TH STREET  
SUITE 205  
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1482378**

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

**POSTMA, HERBERT F JR.  
1535 S.E. 17TH STREET  
SUITE 205  
FORT LAUDERDALE FL 33316**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	POSTMA, HERBERT F JR	1535 SE 17TH STREET SUITE 205	FORT LAUDERDALE FL 33316	<input type="checkbox"/>	D, S, P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	POSTMA, JEAN M	1535 SE 17TH STREET SUITE 205	FORT LAUDERDALE FL 33316	<input type="checkbox"/>	D	Madeline Roelof	2431 Kingbridge Terrace	Grand Rapids MI 49546	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	POSTMA, TIFFANY M	1535 SE 17TH STREET SUITE 205	FORT LAUDERDALE FL 33316	<input type="checkbox"/>	D	Karen Voluck	2299 N.W. 59th St.	Boca Raton, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	POSTMA, JONATHAN G	1535 SE 17TH STREET SUITE 205	FORT LAUDERDALE FL 33316	<input type="checkbox"/>	D	Maureen Egan	403 Alexander Palm Rd.	Boca Raton, FL 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	Josephine Stone	9300 S.W. 8th St.	Boca Raton, FL 33428	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	Mel Brother	4460 N.W. 59th St.	Ft. Lauderdale, FL 33319	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)