

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90182 001 \*\*\*\*61.25

**DOCUMENT # N96000006369**

1. Entity Name

**THE CONCORDIA FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**440 ROYAL PALM WAY  
 SUITE 200  
 PALM BEACH FL 33480**

**440 ROYAL PALM WAY  
 SUITE 200  
 PALM BEACH FL 33480-4142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**505 S. Flagler Drive**

**505 S. Flagler Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

**Suite 300**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

4. FEI Number

**65-0713856**

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

**CHOPIN, L F  
 440 ROYAL PALM WAY  
 SUITE 200  
 PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive, Suite 300**

City  
**West Palm Beach**

**FL**

Zip Code  
**33401**

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

*Pat T...*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*April 6 '00*

DATE

**FILE NOW:  
 FEES 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  Delete  
**DP**  
**TSACONAS, PAULA**  
 STREET ADDRESS **440 ROYAL PALM WAY, STE. 200**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE NAME  Change  Addition  
**505 S. Flagler Drive, #300**  
 STREET ADDRESS **West Palm Beach, FL 33401**  
 CITY-ST-ZIP

TITLE NAME  Delete  
**DS**  
**MOSHE, NANCY**  
 STREET ADDRESS **440 ROYAL PALM WAY, STE. 200**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE NAME  Change  Addition  
**505 S. Flagler Drive, Ste. 300**  
 STREET ADDRESS **West Palm Beach, FL 33401**  
 CITY-ST-ZIP

TITLE NAME  Delete  
**DVP**  
**SARKISSIAN, GREGORY**  
 STREET ADDRESS **440 ROYAL PALM WAY, STE. 200**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE NAME  Change  Addition  
**505 S. Flagler Drive, #300**  
 STREET ADDRESS **West Palm Beach, FL 33401**  
 CITY-ST-ZIP

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*212-982-0021*  
*April 6' 2000*

Date

Daytime Phone #

CR02037 (0/00)