

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000229

1. Entity Name

THE SEDACCA FOUNDATION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90171 010 \*\*\*\*61.25

Principal Place of Business Mailing Address  
% JOHN GULLMAN, GSR PARTNERS % JOHN GULLMAN, GSR PARTNERS  
5300 NW 33RD AVE., STE. 118 5300 NW 33RD AVE., STE. 118  
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-6355

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727215

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARCONI, ROBERT M  
13320 SW 128 ST.  
MIAMI FL 33186

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 DP ☐ Delete  
NAME GULLMAN, JOHN  
STREET ADDRESS 5300 NW 33 AVE., STE. 118  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE DS ☐ Delete  
NAME ROBINSON, TIMOTHY  
STREET ADDRESS 5300 NW 33 AVE., STE. 118  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE DT ☐ Delete  
NAME MARCONI, ROBERT M  
STREET ADDRESS 13320 SW 128 ST.  
CITY-ST-ZIP MIAMI FL 33186

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

TITLE D ☐ Delete  
NAME SEDACCA, DORIS  
STREET ADDRESS 333 NE 103 ST.  
CITY-ST-ZIP MIAMI SHORES FL 33186

TITLE ☒ Change ☐ Addition  
NAME 12486 Crystal Pointe Dr., #102  
STREET ADDRESS Boynton Beach, FL 33437  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NUGENT, LAURA  
STREET ADDRESS 8044 SW 150 TER.  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☒ Change ☐ Addition  
NAME 4405 Sunnycroft Drive  
STREET ADDRESS Jacksonville, FL 32257  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Timothy P. Robinson 4/7/00 954-735-5730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)