

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000229

1. Entity Name

THE SEDACCA FOUNDATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91512 032 ****61.25

Principal Place of Business

% JOHN GULLMAN, GSR PARTNERS
5300 NW 33RD AVE., STE. 118
FT. LAUDERDALE FL 33309

Mailing Address

% JOHN GULLMAN, GSR PARTNERS
5300 NW 33RD AVE., STE. 118
FT. LAUDERDALE FL 33309

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 **65-0727215**

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

MARCONI, ROBERT M
13325 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	GULLMAN, JOHN	5300 NW 33 AVE., STE. 118	FT. LAUDERDALE FL 33309	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	ROBINSON, TIMOTHY	9348 HAPPY TRAIL	BROOKSVILLE FL 34601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DI	MARCONI, ROBERT M	13320 SW 128 ST.	MIAMI FL 33186	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SEDACCA, DORIS	12486 CRYSTAL POINTE DR #102	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	NUGENT, LAURA	4405 SUNNYCREST DR	JACKSONVILLE FL 32257	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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

4/29/02

954/735-5730