

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000510

1. Entity Name

THE EDMOND T. STOFFT FAMILY FOUNDATION, INC.

Principal Place of Business

4364 MEADOWLARK LANE
BOYNTON BEACH FL 33436

Mailing Address

4364 MEADOWLARK LANE
BOYNTON BEACH FL 33436-6905

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

65-0731623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOFFT, EDMOND T
4364 MEADOWLARK LANE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
STOFFT, EDMOND T
4364 MEADOWLARK LANE
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STOFFT, LETITIA C
4364 MEADOWLARK LANE
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STOFFT, GARY W
3820 SABAL LAKES BLVD
DELRAY BCH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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

EDMOND T. STOFFT 1/4/00

Date

561-732-0013

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD000007 10/00