

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002597**

1. Entity Name

WESTON FOUNDATION, INC.**FILED**
Jun 29, 2000 8:00 am
Secretary of State

03-15-2000 90068 028 ****61.25

Principal Place of Business

Mailing Address

C/O OPPENHEIM & PILELSKY, P.A.
1290 WESTON ROAD - SUITE 300
WESTON FL 33326C/O OPPENHEIM & PILELSKY, P.A.
1290 WESTON ROAD - SUITE 300
WESTON FL 33326-1973

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

APPLIED FOR

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

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD - SUITE 300
WESTON FL 33326

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

MARK MYERS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00**FILE NOW:**
FEE IS \$61.259. 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
	PD	MYERS, MARK	1290 WESTON RD, STE 300 FT LAUDERDALE FL 33326	☐					☐	☐
	VPD	OPPENHEIM, ROY D	1290 WESTON RD, STE 300 FT LAUDERDALE FL 33326	☐					☐	☐
	VPD	VALDEX, SCOTT	1290 WESTON RD, STE 300 FT LAUDERDALE FL 33326	☐					☐	☐
	SD	ROSE, BARRY	1290 WESTON RD, STE 300 FT LAUDERDALE FL 33326	☐					☐	☐
	TD	MYERS, SHARON	1290 WESTON RD, STE 300 FT LAUDERDALE FL 33326	☐					☐	☐
				☐					☐	☐

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

3-10-00

Date

Daytime Phone #

305-620-1555

CR2E037 (9/99)