

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *1197000003057*

1. Entity Name

The Frederick A. DeLuca Foundation, Inc.

FILED

00 MAY 15 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
C0090783

Principal Place of Business

3550 Galt Ocean Drive
Apt. 301
Ft. Lauderdale, FL 33308

Mailing Address

3550 Galt Ocean Drive
Apt. 301
Ft. Lauderdale, FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

5/15/00 90309/038 \$101.25

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DeLuca, Jonathan
3550 Galt Ocean Drive
Apt. 301
Ft. Lauderdale, FL 33308

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

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	<input type="checkbox"/> Delete
PO	DeLuca, Elisabeth	276 Hemlock Drive	Orange, CT 06477	<input type="checkbox"/>
STD	DeLuca, Jonathan	3550 Galt Ocean Drive, Apt. 301	Ft. Lauderdale, FL 33308	<input type="checkbox"/>
D	DeLuca, Frederick A.	512 NE 23rd Avenue	Ft. Lauderdale, FL 33301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Frederick A DeLuca 5/25/00 800-888-4848

Date

Daytime Phone #

CR2E037 (9/99)

5/23