

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 17 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000003057**

1. Entity Name

The Frederick A. DeLuca Foundation, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3550 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 301

City & State

Ft. Lauderdale, FL

Zip

33301

Country  
U.S.A.

3. Mailing Address

3550 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 301

City & State

Ft. Lauderdale, FL

Zip

33301

Country  
U.S.A.

4. FEI Number

Not Applicable

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DeLuca, Jonathan

Street Address (P.O. Box Number is Not Acceptable)

3550 Galt Ocean Drive, Apt. 301

City

Ft. Lauderdale

FL

Zip Code  
33301

**DO NOT WRITE  
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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	PD Elisabeth DeLuca 276 Hemlock Drive Orange, CT 06477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Jonathan DeLuca 3550 Galt Ocean Drive Apt. 301 Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Frederick A. DeLuca 512 NE 23rd Avenue Ft. Lauderdale, FL 33301
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)