2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
01-25-2001 90146 041 ****61.25

DOCUMENT # N97000003488

1. Entity Name

THE ISLAND CITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
524 NE 21ST CT WILTON MANORS FL 33305	524 NE 21ST CT WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE

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 65-0756292 ☐ 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
EZROL, KERRY L C/O JOSIAS, GOREN, CHEROF ET AL 3099 E COMMERCIAL BLVD, SUITE 200 FT LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TR RESNICK, GARY 524 NE 21ST CT WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RESNICK, GARY 524 N.E. 21 COURT WILTON MANORS, FL 33305	☒ Change ☐ Addition V
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEILER, JACK 524 NE 21ST CT WILOTN MANORS FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TREASURER SHERRIFT, CRAIG 524 N.E. 21 COURT WILTON MANORS, FL 33305	☐ Change ☒ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR PRATT, RICHARD 524 NE 21ST CT WILTON MANORS FL 33305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARDMEMBER DONALD "SCOTT" NEWTON 524 N.E. 21 COURT WILTON MANORS, FL 33305	☐ Change ☒ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FANIZZA, JOANNE 524 NE 21ST CT WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BORRDMEMBER FANIZZA, JOANNE 524 N.E. 21 CT WILTON MANORS, FL 33305	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLEGOS, JOSEPH L 524 NE 21 CT. WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR GALLEGOS, JOSEPH 524 N.E. 21 COURT WILTON MANORS, FL 33305	☐ Change ☐ Addition SAME D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FIORE, JOHN R 524 NE 21 CT. WILTON MANORS FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT FIORE, JOHN 524 N.E. 21 CT WILTON MANORS, FL 33305	☒ Change ☐ Addition P

CR2E037 (10/00)

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: Joseph L Gallegos SEC. DIR. 1-12-01 954-390-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #