

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003488

1. Entity Name

THE ISLAND CITY FOUNDATION, INC.

Principal Place of Business

524 NE 21ST CT
WILTON MANORS FL 33305

Mailing Address

524 NE 21ST CT
WILTON MANORS FL 33305

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME RESNICK, GARY
STREET ADDRESS 524 NE 21ST CT
CITY-ST-ZIP WILTON MANORS FL 33305

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

TITLE ST ☐ Delete
NAME SHERRITT, CRAIG
STREET ADDRESS 524 NE 21ST CT
CITY-ST-ZIP WILTON MANORS FL 33305

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

TITLE T ☐ Delete
NAME NEWTON, DONALD S
STREET ADDRESS 524 NE 21ST CT
CITY-ST-ZIP WILTON MANORS FL 33305

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

TITLE T ☐ Delete
NAME FANIZZA, JOANNE
STREET ADDRESS 524 NE 21ST CT
CITY-ST-ZIP WILTON MANORS FL 33305

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

TITLE EXD ☐ Delete
NAME GALLEGOS, JOSEPH L
STREET ADDRESS 524 NE 21 CT.
CITY-ST-ZIP WILTON MANORS FL 33305

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

TITLE P ☐ Delete
NAME FIORE, JOHN R
STREET ADDRESS 524 NE 21 CT.
CITY-ST-ZIP WILTON MANORS FL 33305

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

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 EXD 1/23/02 390-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)