

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90324 010 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0756292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EZROL, KERRY L
C/O JOSIAS, GOREN, CHEROF ET AL
3099 E COMMERCIAL BLVD, SUITE 200
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☒ Change ☐ Addition
NAME **RESNICK, GARY**
STREET ADDRESS **524 NE 21 COURT**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **ST** ☒ Change ☐ Addition
NAME **SHERRITT, CRAIG**
STREET ADDRESS **524 NE 21 COURT**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **VP** ☒ Change ☐ Addition
NAME **NEWTON, DONALD S.**
STREET ADDRESS **524 NE 21ST COURT**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **TR** ☐ Change ☒ Addition
NAME **GALATIS, TED**
STREET ADDRESS **524 NE 21ST COURT**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

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

TITLE **P** ☐ Change ☒ Addition
NAME **STORK, JIM**
STREET ADDRESS **524 NE 21ST COURT**
CITY-ST-ZIP **WILTON MANORS, FL 33305**

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:

ALICIA P. GORDON

01-17-03

**(954)
390-2120**

CR2E037 (10/02)