

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004952

1. Entity Name

RAINWATER FOUNDATION, INC.

Principal Place of Business

9920 SW 129TH STREET  
MIAMI FL 33176

Mailing Address

9920 SW 129TH STREET  
MIAMI FL 33176

2. Principal Place of Business

9715 SW 134 CT.  
Suite, Apt. #, etc.

3. Mailing Address

9715 SW 134th Ct  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0780652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~RENNERT, CHARLES J ESQ~~  
~~BERMAN WOLFE & RENNERT, P.A.~~  
~~100 S.E. SECOND ST. SUITE 3500~~  
~~MIAMI FL 33131-2130~~

7. Name and Address of New Registered Agent

Name

Registered Agents of Florida, LLC

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

100 SE 2nd Street

City Miami

FL

Zip Code 33131

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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALFONSO, RICHARD L	
STREET ADDRESS	9920 SW 129TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, JOSE I	
STREET ADDRESS	10100 SW 115TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERGENTHAL, WAYNE V	
STREET ADDRESS	7745 SW 141ST STREET	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CESPEDES, J. FRANCISCO	
STREET ADDRESS	15410 SW 143RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, JOHN L	
STREET ADDRESS	11805 SW 103RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Schwindeman	
STREET ADDRESS	9715 SW 134th Ct	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerry Scott V.P.	
STREET ADDRESS	13715 SW 84th St Unit C	
CITY-ST-ZIP	Miami, Florida 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -1 PM 4:53

REINSTATEMENT

CR2E037 (5/00)