

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006870

1. Entity Name

L.B. FOUNDATION, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90021 015 ****61.25

Principal Place of Business
10101 COLLINS AVENUE
PALACE APT. 10B
BAL HARBOUR FL 33154

Mailing Address
10101 COLLINS AVENUE
PALACE APT. 10B
BAL HARBOUR FL 33154

A0006336



DO NOT WRITE IN THIS SPACE

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 65-0799910
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALGER, STEPHEN A
66 WEST FLAGLER ST.
SUITE 700
MIAMI FL 33130

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, NELSON J	
STREET ADDRESS	10101 COLLINS AVENUE PALACE APT. 10B	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, BETTY M	
STREET ADDRESS	10101 COLLINS AVENUE PALACE APT. 10B	
CITY-ST-ZIP	BAL HARBOUR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADIGAN, ROBERT J	
STREET ADDRESS	7880 BACKLICK ROAD	
CITY-ST-ZIP	SPRINGFIELD VA 22150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E037 (10/00)