

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007151

1. Entity Name

THE AVANT FAMILY FOUNDATION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90148 013 \*\*\*\*70.00

Principal Place of Business

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131  
US

Mailing Address

1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131-3047  
US

2. Principal Place of Business

1000 Brickell Avenue

3. Mailing Address

1000 Brickell Ave.

Suite, Apt. #, etc.

# 900

Suite, Apt. #, etc.

# 900

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

65-0800925

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L.  
1000 BRICKELL AVENUE  
SUITE 900  
MIAMI FL 33131

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 ☐ Delete  
NAME AVANT, KATHERINE G  
STREET ADDRESS 2405 ARDSON PLACE #803A  
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ Delete  
NAME REIK, JACQUELINE K  
STREET ADDRESS 44 SHAW LANE  
CITY-ST-ZIP FORT THOMAS KY 41075

TITLE D ☐ Delete  
NAME PERRONE, STEPHEN L  
STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 900  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP FORT THOMAS, KY 41075

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 305-702-5503

CR2E037 (9/99)