

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007151

1. Entity Name

THE AVANT FAMILY FOUNDATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90122 036 *****70.00

0038418

Principal Place of Business

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

Mailing Address

1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

2. Principal Place of Business

1000 Brickell Ave.

Suite, Apt. #, etc.

920

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

1000 Brickell Ave.

Suite, Apt. #, etc.

920

City & State

MIAMI FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0800925

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRONE, STEPHEN L.
1000 BRICKELL AVENUE
SUITE 900-920
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	<input type="checkbox"/> Delete
NAME	AVANT, KATHERINE G	
STREET ADDRESS	2405 ARDSON PLACE #803A	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIK, JACQUELINE K	
STREET ADDRESS	44 SHAW LANE	
CITY-ST-ZIP	FORT THOMAS LY 41075	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRONE, STEPHEN L	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
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	Perrone, Stephen L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 Brickell Ave. Suite 920	
STREET ADDRESS	MIAMI, FL 33131	
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
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 #

4/20/01 305-702-5503

CR2E037 (10/00)