

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000343

1. Entity Name

SELECT INTERNATIONAL DONORS CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90145 002 ****61.25

Principal Place of Business Mailing Address
160 SW 12TH AVE 160 SW 12TH AVE
~~#103B~~ ~~#103B~~
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-3114

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
103B 103B

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0805858 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTISTA, DENISE
160 SW 12TH AVE
#103B
DEERFIELD BEACH FL 33442

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDST	<input type="checkbox"/> Delete
NAME	BATTISTA, DENISE	
STREET ADDRESS	160 SW 12TH AVE #103B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTISTA, DANIEL	
STREET ADDRESS	160 SW 12TH AVE #103B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VANCE, GARY	
STREET ADDRESS	160 SW 12TH AVE #103B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lynne Tallman	
STREET ADDRESS	160 SW 12th Ave. #103B	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	
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"/> Change <input type="checkbox"/> Addition
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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 (9/99)