## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

# DOCUMENT # N9800001037

1. Entity Name

SIGNATURE:

### SOUTHEAST FLORIDA EPISCOPAL FOUNDATION, INC.



# FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90132 035 \*\*\*\*61.25

1-30-03

561-799-6424

| Principal Pla<br>525 NE 15 ST<br>MIAMI FL 331<br>US   |                      | 525 NE 15             | Mailing Address<br>525 NE 15 STREET<br>MIAMI FL 33132<br>US |                                |          |  | #101 1010 0011 0011 4011 4011  | BIBJ YIBAH BBARB N         | 1711 1 <b>83</b> 1 7 <b>88</b> ) |                             |
|---|----------------------|-----------------------|---|--------------------------------|----------|--|--------------------------------|----------------------------|----------------------------------|-----------------------------|
| 2. Principal Place of Business  |                      |                       | 3. Mailing  | 3. Mailing Address             |          |  |                                |                            |                                  |                             |
| Suite, Apt. #, etc.   |                      |                       | Suite,  | Suite, Apt. #, etc.            |          |  | ☐ CHECK HERE IF MAKING CHANGES |                            |                                  |                             |
| City & Sta  | & State City & State |                       |   | State                          |          |  | 4. FEI Number 6                | 5-0934414                  | <del></del>                      | oplied For<br>ot Applicable |
| Zip   | Country Zip          |                       |   | Country                        |          | 5. Certificate of S                                | Status Desired                 | \$8.75 Add                 |                                  |                             |
|   | 6. Name              | and Address of Curren | Registered A  | gent                           |          | 7. Name and Address of New Registered Agent        |                                |                            |                                  |                             |
| MITDACT   | ATE DECICE           | TRED ACCUMACORDO      | BATION S  | چې <del>سامان دارو</del> ن د ا |          | Name   |                                | <del></del>                |                                  |                             |
| INTRASTATE REGISTERED AGENT CORPORATION % HOLLAND & KNIGHT LLP  |                      |                       |   |                                |          | Street Address (P.O. Box Number is Not Acceptable) |                                |                            |                                  |                             |
| 701 BRICKELL AVE., STE. 3000<br>MIAMI FL 33131  |                      |                       |   |                                |          | ONE SOUTHERST THISD QUE. 28 THOOR                  |                                |                            |                                  |                             |
|   |                      |                       |   |                                |          | City   | 1.1                            | FL                         | - Zip Cod                        | เลา                         |
| 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. I am familiar with, and accept the obligations of registered agent.  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 Fir Trust Fund Contribution  |                      |                       |   |                                |          |  | \$5.00 May Be<br>Added to Fees | Make Chec<br>Florida Depar |                                  |                             |
| 10.   | I CD                 | OFFICERS AND DI       | RECTORS   |                                | 11.      |  | ADDITIONS/CHANG                | ES TO OFFICERS AND DI      | RECTORS IN                       | 10                          |
| TITLE   | CD<br>GRONUND        | POP                   |   | ☐ Delete                       | TITLE    | i  |                                |                            | Change                           | ☐ Addition 3                |
| NAME<br>STREET ADDRESS  | 525 N E 19           | •                     |   |                                | NAME     |  |                                | •                          |                                  |                             |
| CITY-ST-ZIP   | MIAMI FL 3           |                       |   |                                |          | ET ADDRESS<br>ST-ZIP                               |                                |                            |                                  | [ ]                         |
| TITLE   | VCD                  |                       |   | ☐ Delete                       | TITLE    |  | <del></del> .                  |                            | ☐ Change                         | - Addition (                |
| NAME  | COOKSON              | , TOM                 |   | LI Delete                      | NAME     | I  |                                |                            | □ Change                         | Addition (                  |
| STREET ADDRESS  |                      | TH STREET             |   |                                |          | T ADDRESS  |                                |                            |                                  |                             |
| CITY-ST-ZIP ·   | MIAMI FL 3           | 33132                 |   |                                | CITY-    | ST-ZIP   |                                |                            |                                  |                             |
| TITLE   | SD                   | 100                   | - <del></del>   | Delete =                       | _: TITLE |  |                                | سناند يب ماعسيهمساوي       | -> [□-Change-                    | Addition -                  |
| NAME  | LANDON, E            |                       |   | •                              | NAME     | l l  |                                |                            |                                  |                             |
| STREET ADDRESS<br>CITY-ST-ZIP   | MIAMI FL 3           | STH STREET            |   |                                |          | T ADDRESS<br>ST-ZIP                                |                                |                            |                                  |                             |
| TITLE   | TD                   | 102                   |   | П 6-1                          | 1        | 31-211   |                                |                            |                                  |                             |
| NAME  | HAMNER, I            | MURRAY                |   | ☐ Delete                       | TITLE    |  |                                |                            | Change                           | ☐ Addition                  |
| STREET ADDRESS  | 525 N E 15           | TH STREET             |   |                                | _        | T ADDRESS  |                                |                            |                                  |                             |
| CITY-ST-ZIP   | MIAMI FL 3           | 3132                  |   |                                | CITY-    | ST-ZIP   |                                |                            |                                  | }                           |
| TITLE   | Р                    |                       |   | ☐ Delete                       | TITLE    |  |                                |                            | ☐ Change                         | ☐ Addition                  |
| NAME  | RING, CHA            |                       |   |                                | NAME     |  |                                |                            | <del>-</del>                     |                             |
| STREET ADDRESS CITY-ST-ZIP  | 525 NE 15            |                       |   |                                |          | T ADDRESS  |                                |                            |                                  |                             |
|   | MIAMI FL 3           | S 132                 |   |                                | 1-       | ST-ZIP   | 5.4                            | ·                          |                                  |                             |
| TITLE<br>NAME   |                      |                       |   | ☐ Delete                       | TITLE    |  |                                |                            | ☐ Change                         | ☐ Addition                  |
| STREET ADDRESS  |                      |                       |   |                                |          | T ADDRESS  |                                |                            | ,                                |                             |
| CITY-ST-ZIP   |                      |                       |   |                                | CITY-S   |  |                                |                            | \                                |                             |
| 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 proprt 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 ampowered 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. |                      |                       |   |                                |          |  |                                |                            |                                  |                             |

A Hachment # N9800001037

2003 Not-For-Profit Corporation Uniform Business Report
Document # N98000001037

TOPS IN 10

11

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| Title                             | D                                  | X Change Addition  |
|-----------------------------------|------------------------------------|--|
| Name                              | GRONUND, BOB                       | Addition   |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip                       |                                    |  |
| Title                             | С                                  | X Change Addition  |
| Name                              | COOKSON, TOM                       | Addition   |
| Address                           | 525 NE 15 STREET                   | -  |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | T                                  | X Change Addition  |
| Name                              | HAMNER, MURRAY                     | Addition   |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | VC                                 | X Change Addition  |
| Name                              | WEAVER, BONNIE                     | , iddition   |
| Address                           | 525 NE 15 STREET                   | المارية المنظم |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | S                                  | X Change Addition  |
| Name                              | MILLER, RICHARD                    | , identify   |
| Address                           | 525 NE 15 STREET                   | -  |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | D                                  | X Change Addition  |
| Name                              | GUNN, ROBERT                       |  |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | D                                  | Change X Addition  |
| Name                              | COOPER, JR., AUSTIN                |  |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip                       | MIAMI FL 33132                     | <u> </u>   |
| Title                             | D .                                | Change X Addition  |
| Name                              | FRADE, LEOPOLD                     |  |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip                       | MIAMI FL 33132                     |  |
| Title                             | D                                  | Change X Addition  |
| Name                              | HEPBURN, ARNETT                    |  |
| Address                           | 525 NE 15 STREET                   |  |
| City-St-Zip <sup>.</sup><br>Title | MIAMI FL 33132                     |  |
|                                   | D                                  | Change X Addition  |
|                                   | HUSTON, TOM                        | İ  |
|                                   | 525 NE 15 STREET                   |  |
|                                   | MIAMI FL 33132<br>D                |  |
|                                   |                                    | Change X Addition  |
|                                   | MUIR, WILLIAM<br>525 NE 15 STREET  | i  |
|                                   | MIAMI FL 33132                     |  |
|                                   | D                                  |  |
|                                   |                                    | Change X Addition  |
|                                   | RASNICK, JAMES<br>525 NE 15 STREET | ļ  |
|                                   | MIAMI FL 33132                     | ĺ  |
| , O. Lip                          | THE WATER CONTRACTOR               |  |