

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001212

1. Entity Name

THE FLORIDA FOUNDATION FOR THE FUTURE, INC.

Principal Place of Business

3935 ST ARMENS CIRCLE
MELBOURNE FL 32934

Mailing Address

3935 ST ARMENS CIRCLE
MELBOURNE FL 32934

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KOENIGSBERG, JAY ESQ.
1101 BRICKELL AVENUE
SUITE 800-S
MIAMI FL 33156

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	T	<input type="checkbox"/> Delete
NAME	MASTERS, NOLAN W	
STREET ADDRESS	3935 ST ARMENS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IGELMAN, JON DR.	
STREET ADDRESS	3935 ST AQMENS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAISCHKE, DETLEF MR.	
STREET ADDRESS	3935 ST AQMENS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAULINO, ANTONIO	
STREET ADDRESS	3935 ST AQMENS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	DEVS	<input type="checkbox"/> Delete
NAME	RAMIREZ, MARIA E	
STREET ADDRESS	3935 ST AQMENS CIR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
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
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

321-255-5128

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90066 047 ****61.25

00006454



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)

0029794