

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90173 050 ****61.25

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

4. FEI Number

59-3544203

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****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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP**T
MASTERS, NOLAN W
3935 ST ARMENS CIR.
MELBOURNE FL 32934**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
IGELMAN, JON DR.
3935 ST AQMENS CIR.
MELBOURNE FL 32934**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
KAISISCHKE, DETLEF MR.
3935 ST AQMENS CIR.
MELBOURNE FL 32934**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DEVS
RAMIREZ, MARIA E
3935 ST AQMENS CIR.
MELBOURNE FL 32934**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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**1-17-02 (321) 255-5128**

CR2E037 (9/01)