

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90058 007 \*\*\*\*61.25

**DOCUMENT # N98000001479**

1. Entity Name

**AGES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O ALBERT MAC NAUGHTON  
 10101 SW 152 ST.  
 MIAMI FL 33157

C/O ALBERT MAC NAUGHTON  
 10101 SW 152 ST.  
 MIAMI FL 33157-1603

*c/o Albert Mac Naughton*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Coral Reef Sr. High*

3. Mailing Address *Coral Reef Sr. High*

*Coral Reef Sr. High*

Suite, Apt. #, etc.

*10101 S.W. 152nd St.*

Suite, Apt. #, etc.

*10101 S.W. 152nd St.*

City & State

*Miami, FL*

City & State

*Miami, FL*

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

*33157*

Country

*USA*

Zip

*33157*

Country

*USA*

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

**SHARPE, LEON E**  
**4770 BISCAYNE BLVD**  
**SUITE 970**  
**MIAMI FL 33137**

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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, JILL	
STREET ADDRESS	17615 SW 80 COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, CARMEN	
STREET ADDRESS	12952 SW 49 ST.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACNAUGHTON, ALBERT	
STREET ADDRESS	10101 SW 152 ST.	
CITY-ST-ZIP	MIAMI FL 33157	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janie Watkins	
STREET ADDRESS	8600 S.W. 212th St. #111	
CITY-ST-ZIP	Miami, FL 33189	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Jacobs	
STREET ADDRESS	8930 S.W. 192nd Dr	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karlene Shaker	
STREET ADDRESS	15115 S.W. 153rd Ave	
CITY-ST-ZIP	Miami	
TITLE	Correspondence Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Schott	
STREET ADDRESS	9791 S.W. 133rd Terr	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	Historian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joey K. Watkins	
STREET ADDRESS	8600 S.W. 212th St. #111	
CITY-ST-ZIP	Miami, FL 33189	

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: *Christina Jacobs*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305) 232-2044 x308  
 Date Daytime Phone #

CR2E037 (9/99)