

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003317

1. Entity Name

THE TOWN OF MEDLEY FOUNDATION, INC.

Principal Place of Business

7331 N.W. 74TH STREET
MEDLEY FL 33166

Mailing Address

7331 N.W. 74TH STREET
MEDLEY FL 33166-2409

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

WOLFE, MELVIN ESQ.
7331 N.W. 74TH STREET
MEDLEY FL 33166

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 ☐ Delete
NAME MORROW, JACK
STREET ADDRESS 7331 N.W. 74TH STREET
CITY-ST-ZIP MEDLEY FL

TITLE ☐ Delete
NAME QUIN, KIKI
STREET ADDRESS 7331 N.W. 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete
NAME ADVINCULA, EUGENIO
STREET ADDRESS 7331 N.W. 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete
NAME BENEDETTO, CARLOS
STREET ADDRESS 7331 N.W. 74TH STREET
CITY-ST-ZIP MEDLEY FL 33166

TITLE ☐ Delete
NAME TANNER, MARY
STREET ADDRESS 7331 N.W. 74TH STREET
CITY-ST-ZIP MEDLEY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 MORROW

1/10/00 (305) 887-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0857723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required