

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90366 015 \*\*\*\*61.25

003060

**DOCUMENT # N98000003760**

1. Entity Name

**JOAN & MILTON BAXT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1201 SOUTH OCEAN DRIVE  
 APT PH1-S  
 HOLLYWOOD BEACH FL 33019  
 US

1201 SOUTH OCEAN DRIVE  
 APT PH1-S  
 HOLLYWOOD BEACH FL 33019  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2107158**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAXT, MILTON</b>	
STREET ADDRESS	<b>1201 SOUTH OCEAN DR PH1-S</b>	
CITY-ST-ZIP	<b>HOLLYWOOD BEACH FL 33019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, ILENE</b>	
STREET ADDRESS	<b>C/O 1201 SOUTH OCEAN DR PH1-S</b>	
CITY-ST-ZIP	<b>HOLLYWOOD BEACH FL 33019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAXT, JOAN</b>	
STREET ADDRESS	<b>1201 SOUTH OCEAN DRIVE PH1-S</b>	
CITY-ST-ZIP	<b>HOLLYWOOD BEACH FL 33019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHERMER, JENNIFER</b>	
STREET ADDRESS	<b>C/O 1201 S OCEAN DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD BEACH FL 33019</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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

*Joan Baxt* 2/12/01 954-922-4447