

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90003 047 ****61.25

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

Zip

Country

Zip

Country

4. FEI Number

52-2107158

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

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	D	<input type="checkbox"/> Delete
NAME	BAXT, MILTON	
STREET ADDRESS	1201 SOUTH OCEAN DR PH1-S	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, ILENE	
STREET ADDRESS	C/O 1201 SOUTH OCEAN DR PH1-S	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAXT, JOAN	
STREET ADDRESS	1201 SOUTH OCEAN DRIVE PH1-S	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERMER, JENNIFER	
STREET ADDRESS	C/O 1201 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
SIGNATURE REQUIRED

1-20-02 954-922-4647

Date

Daytime Phone #

CR2E037 (9/01)