

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004944

1. Entity Name

G.E. BATCHELOR FOUNDATION, INC.

Principal Place of Business

Mailing Address

950 S.E. 12TH STREET  
HIALEAH FL 33010

950 S.E. 12TH STREET  
HIALEAH FL 33010-5931

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

31-1626188

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RAATTAMA, HENRY H JR.  
ONE S.E. THIRD AVENUE  
28TH FLOOR  
MIAMI FL 33131

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 PDC *GEORGE* ☐ Delete  
NAME BATCHELOR, GEROGE-E  
STREET ADDRESS 950 SE 12 ST  
CITY-ST-ZIP HIALEAH FL ~~33139~~ 33010

TITLE TD *FERRARESI* ☐ Delete  
NAME FERRARESI, DANIEL J  
STREET ADDRESS 950 SE 12 ST  
CITY-ST-ZIP HIALEAH FL ~~33139~~ 33010

TITLE VSD ☐ Delete  
NAME BATCHELOR-ROBJOHNS, ANNE  
STREET ADDRESS 950 SE 12 ST  
CITY-ST-ZIP HIALEAH FL ~~33139~~ 33010

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Delete  
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 changed, or on an attachment with an address, with all other like empowered.

ANNE BATCHELOR-ROBJOHNS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP/sec. 1-11-00 305-889-6203

FILED  
Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90093 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE