

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005692

1. Entity Name

MARJORIE AND NORMAN FELIX SUPPORT FOUNDATION, IN

Principal Place of Business

391 GLENBROOK DRIVE
ATLANTIS FL 33462

Mailing Address

391 GLENBROOK DRIVE
ATLANTIS FL 33462

2. Principal Place of Business

450 Royal Palm Way

Suite, Apt. #, etc.

6th Floor

City & State

Palm Beach FL

Zip

33480

Country

U.S.A.

3. Mailing Address

450 Royal Palm Way

Suite, Apt. #, etc.

6th Floor

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

4. FEI Number

65-0898838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33406

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
NAME FELIX, MARJORIE
STREET ADDRESS 391 GLENBROOK DRIVE
CITY-ST-ZIP ATLANTIS FL 33462

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/P
JUDITH SHEPHERD
c/o Kravis Center 701 Okeechobee BLVD.
WEST PALM BEACH, FL 33401

Change Addition

TITLE D
NAME FELIX, NORMAN
STREET ADDRESS 391 GLENBROOK DRIVE
CITY-ST-ZIP ATLANTIS FL 33462

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/T
Robert Puder
c/o Kravis Center 701 Okeechobee BLVD.
WEST PALM BEACH, FL 33401

Change Addition

TITLE D
NAME FLEMING, JOSEPH M
STREET ADDRESS 450 ROYAL PALM WAY, SIXTH FLOOR
CITY-ST-ZIP PALM BEACH FL 33480

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/S

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 011 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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