

# 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.

6. Name and Address of Current Registered Agent

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	FELIX, MARJORIE	
STREET ADDRESS	391 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELIX, NORMAN	
STREET ADDRESS	391 GLENBROOK DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, JOSEPH M	
STREET ADDRESS	450 ROYAL PALM WAY, SIXTH FLOOR	
CITY-ST-ZIP	PALM BEACH FL 33480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH SHEPHERD	
STREET ADDRESS	c/o Kravis Center 701 Okeechobee BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Puder	
STREET ADDRESS	c/o Kravis Center 701 Okeechobee BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

2-1-01

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

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

LUU10UJU



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0898838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)