

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005836

1. Entity Name

GENTILE FOUNDATION, INC.



**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90093 040 \*\*\*\*61.25

Principal Place of Business

5751 ROSE TERRACE  
PLANTATION FL 33317

Mailing Address

5751 ROSE TERRACE  
PLANTATION FL 33317

2. Principal Place of Business

10465 El Paraiso Place

Suite, Apt. #, etc.

3. Mailing Address

10465 El Paraiso Place

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0884746

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAURER, JANI E

500 N.E. SPANISH RIVER BOULEVARD

SUITE 27

BOCA RATON FL 33431

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

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete

NAME GENTILE, CHERYL  
STREET ADDRESS 5751 ROSE TERRACE  
CITY-ST-ZIP PLANTATION FL 33317

TITLE VD ☐ Delete

NAME DOYLE, SHARON  
STREET ADDRESS 3749 GRANDVIEW AVENUE  
CITY-ST-ZIP BENSALEM PA 19020

TITLE STD ☐ Delete

NAME GENTILE, JOSEPH  
STREET ADDRESS 5751 ROSE TERRACE  
CITY-ST-ZIP PLANTATION FL 33317

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 ☐ Addition

NAME  
STREET ADDRESS 10465 El Paraiso Place  
CITY-ST-ZIP Delray Beach FL 333 33446

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 10465 El Paraiso Place  
CITY-ST-ZIP Delray Beach FL 33446

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (5/00)