## **2000 UNIFORM BUSINESS REPORT (UBR)** Jan 12, 2000 8:00 am DOCUMENT # N98000006507 1. Entity Name **Secretary of State** THE GAIL BELENGER FOUNDATION, INC. 01-12-2000 90026 035 \*\*\*\*70 00 Principal Place of Business Mailing Address 1402 E LAS OLAS BLVD, SUITE 406 . 1402 E LAS OLAS BLVD. SUITE 406 FT LAUDERDALE FL 33301-2336 FT LAUDERDALE FL 33301 60000416 2. Principal Place of Business 3. Mailing Address 701 EAST BROWARD BROWARD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SU178 JUITE Applied For City & State City & State 4. FEI Number Aum. 65-0887496 FORT Not Applic AUDERDALE Country A \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- -KOBERY (P.O. Box Number is Not Acceptable) Street Address JACUMIN, ROBERT 1402 E LAS OLAS BLVD, SUITE 406 FT LAUDERDALE FL 33301 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, typed or printed name of registered ago 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 🔀 Change TITLE ☐ Delete TITLE JACUMIN ROBERT TOI EAST BROWNED BL NAME JACUMIN, ROBERT STREET ADDRESS STREET ADDRESS 1402 E. LAS OLAS BVLD - #406 FORT LAUP FL 3330 CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL 33301 ☐ Change TITLE TITLE D ☐ Delete NAME NAME CABRAL, MARK STREET ADDRESS STREET ADDRESS 701K EAST BROWARD BLVD CITY-ST-ZIP CITY-ST-7IP --FT LAUDERDALE FL 33301 LINCOLL CHEYENDE **VSD** ☐ Delete TITLE TITLE CHENEY, LINCOLN C CHENEY NAME NAME 1143 GARFIELD ST. STREET ADDRESS STREET ADDRESS 2667 N.W. 33RD ST.-#2412 33019 CITY-ST-ZIP CITY-ST-7IP Hollywood FT. LAUDERDALE FL 33309 D ☐ Change TITLE ☐ Delete TITLE PRISCILLA H. BARKER NAME NAME AMB 379 - 3706 WORTH OCEAN BLUD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUD FL. 33308 CITY-ST-ZIF ☐ Delete TITLE Change

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

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

10.

NAME STREET ADDRESS

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