## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9800006682 1. Entity Name BEAUCHAMP CHARITY FOUNDATION, INC. Principal Place of Business Mailing Address 3916 GRANADA BLVD. 3916 GRANADA BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9. Election Campaign Financing

Trust Fund Contribution.

Delete

☐ Delete

☐ Delete

☐ Delete

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☐ Delete

Country

Name

City

11.

TITLE

NAME

TITLE

TITLE

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NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

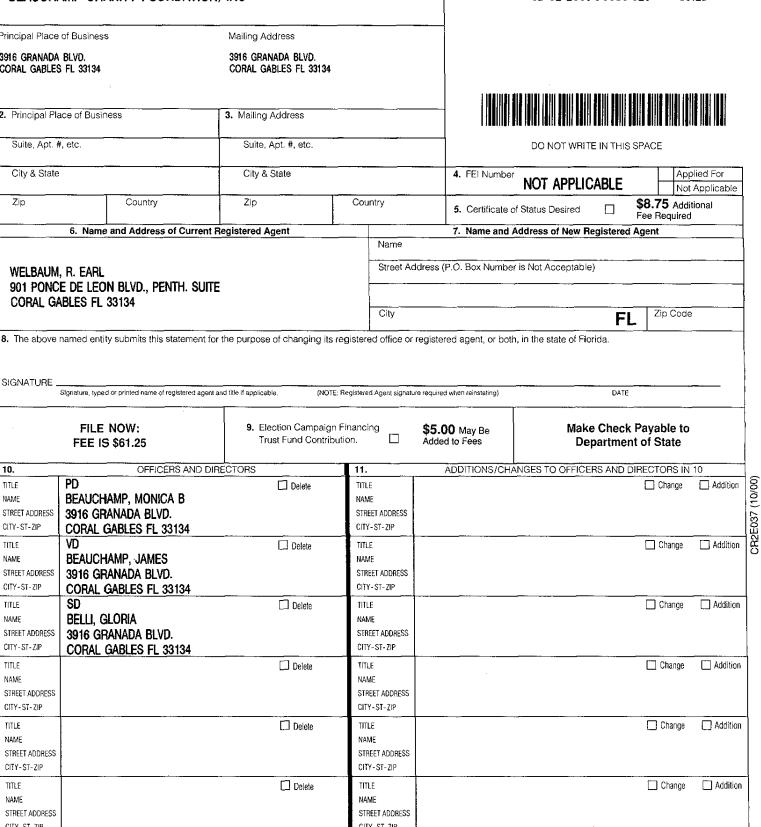
CITY-ST-ZIP

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CITY-ST-ZIP

## **FILED** Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90060 021 \*\*\*\*61.25



12. Thereby 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 of 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 of the corporation or the receiver or trustee changed, or on an attachment with an addr with all other like empowered Nachment with an addre

SIGNATURE:

2. Principal Place of Business

WELBAUM, R. EARL

CORAL GABLES FL 33134

PD

SD

Country

901 PONCE DE LEON BLVD., PENTH. SUITE

FILE NOW:

FEE IS \$61.25

BEAUCHAMP, MONICA B

**CORAL GABLES FL 33134** 

3916 GRANADA BLVD.

BEAUCHAMP, JAMES

3916 GRANADA BLVD.

3916 GRANADA BLVD.

CORAL GABLES FL 33134

BELLI, GLORIA

CORAL GABLES FL 33134

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIF

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #