

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90066 029 ****61.25

DOCUMENT # N98000007146

1. Entity Name

NORMA W. ALLEN PRIVATE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**%4801 SOUTH UNIVERSITY DRIVE STE. 265
 DAVIE FL 33328**

**%4801 SOUTH UNIVERSITY DRIVE STE. 265
 DAVIE FL 33328**

80098569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

127 PERUVIAN AVE.

127 PERUVIAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#301

#301

City & State

City & State

Palm Beach FL

Palm Beach FL

Zip

Country

Zip

Country

33480

33480

4. FEI Number

65-0881999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, BOB J

**%4801 SOUTH UNIVERSITY DRIVE STE. 265
 DAVIE FL 33328**

Name

Norma Allen

Street Address (P.O. Box Number is Not Acceptable)

127 PERUVIAN AVE. #301

City

Palm Beach FL

FL

Zip Code

33480

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

Norma W. Allen TEE

4/25/02

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ALLEN, NORMA W**
 CITY-ST-ZIP **127 PERUVIAN AVE. #301
 PALM BEACH FL 33480-4418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KATZ, WILLIAM**
 CITY-ST-ZIP **505 S. FLAGLER DRIVE STE. 800
 WEST PALM BEACH FL 33410**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KATZ, DANIEL**
 CITY-ST-ZIP **%4801 SOUTH UNIVERSITY DRIVE STE. 210
 DAVIE FL 33328**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

NORMA W. ALLEN TEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 561-659-2340

CR2E037 (9/01)