

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007238

1. Entity Name

SCOTT AND SHELAGH ADAMS FAMILY FOUNDATION, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90062 021 ****61.25

Principal Place of Business Mailing Address
C/O SCOTT AND SHELAGH ADAMS C/O SCOTT AND SHELAGH ADAMS
4600 N.W. 26TH WAY 4600 N.W. 26TH WAY
BOCA RATON FL 33434 BOCA RATON FL 33434-2511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
350 Camino Gardens Blvd. 350 Camino Gardens Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 Suite 300

City & State City & State
Boca Raton, FL Boca Raton, FL

4. FEI Number 65-0883036 Applied For
Not Applicable

Zip Country Zip Country
33432 U.S. 33432 U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
John M. Cappeller, Jr., P.A.
Street Address (P.O. Box Number is Not Acceptable)
350 Camino Gardens Blvd., #303
City Boca Raton FL Zip Code 33432

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 JOHN M. CAPPELLER, JR. 2-1-00

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, SCOTT	
STREET ADDRESS	4600 N.W. 26TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, SHELAGH	
STREET ADDRESS	4600 N.W. 26TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, FRANKLIN H	
STREET ADDRESS	8826 NATURE VIEW LN. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	350 Camino Gardens Blvd., #300
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	350 Camino Gardens Blvd., #300
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	350 Camino Gardens Blvd., #300
CITY-ST-ZIP	Boca Raton, FL 33432
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)