2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **N99000000292** THE REGINALD A. BURTON FOUNDATION, INC. 05-23-2000 90225 038 ****70.00 Mailing Address Principal Place of Business 2607 NE 8TH AVE., APT.9 2607 NE 8TH AVE., APT.9 WILTON MANORS FL 33334-2568 WILTON MANORS FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-0873185 Not Applicable Country \$8.75 Additional... Zip Country Zip 5.- Certificate of Status Desired 🛨 🗲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HENRY, ROSEMARIE 2607 NE 8TH AVE., APT.9 WILTON MANORS FL 33334 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change ☐ Delete TITLE TITLE Kosemarie Henry NAME NAME HENRY, ROBERT A 2607 NE 8th Ave #9 STREET ADDRESS STREET ADDRESS 2607 NE 8TH AVE., APT.9 Wilton Manors #133334 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL 33334 Change ☐ Addition TITLE ☐ Delete TITLE margaret forreste NAME NAME FORRESTER, MARGARET 141 Livingston Ave. STREET ADDRESS STREET ADDRESS 141_LIVINGSTON-AVE. ---Yonkers, N.Y. 10705 CITY-ST-ZIP CITY-ST-ZIP YONKERS NY 10705 Dland UP 4 Change ☐ Addition TITLE ☐ Delete TITLE Robert A. Henry 2607 NE 8th Ave#9 NAME NAME PEARCE, DIANA STREET ADDRESS STREET ADDRESS 9802 N. GRAND DUKE CIRCLE CITY-ST-ZIP Manors 71 33334 CITY-ST-ZIP TAMARAC FL 33321 Change ☐ Addition □ Delete TITLE NAME -d Dake STREET ADDRESS STREET ADDRESS 2780 S. Oakland Forrest Dr. # 1701 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: KOSHANAWEREYPROSEMEN