

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90015 007 \*\*\*\*61.25

**DOCUMENT # N99000000562**

1. Entity Name

**KENN JORDAN FOUNDATION, INC.**

Principal Place of Business

C/O FRANK J. AVELLINO  
6550 NORTH FEDERAL HIGHWAY #240  
FORT LAUDERDALE FL 33308-1404

Mailing Address

C/O FRANK J. AVELLINO  
6550 NORTH FEDERAL HIGHWAY #240  
FORT LAUDERDALE FL 33308-1400

2. Principal Place of Business  
**4750 NORTHEAST 23RD AVE.**

3. Mailing Address  
**4750 NORTHEAST 23RD AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FORT LAUDERDALE, FL 33308**

City & State  
**FORT LAUDERDALE, FL**

4. FEI Number  
**65-0889895**

Applied For  
☐ Not Applicable

Zip  
**33308-4721**

Country

Zip  
**33308-4721**

Country

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

**BROGAN, FRANCIS B JR.**  
**515 EAST LAS OLAS BOULEVARD**  
**SUITE 1500**  
**FORT LAUDERDALE FL 33301**

Name

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

City

**FL**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**JORDAN, KENNETH**  
**C/O 6550 NORTH FEDERAL HIGHWAY #240**  
**FORT LAUDERDALE FL 33308-1404** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**AVELLINO, FRANK J**  
**4750 NORTHEAST 23RD AVENUE**  
**FORT LAUDERDALE FL 33308-4721** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BROGAN, FRANCIS B JR.**  
**515 EAST LAS OLAS BLVD. #1500**  
**FORT LAUDERDALE FL 33301** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**NANCY CARROLL AVELLINO**  
**4750 NORTHEAST 23RD AVENUE**  
**FORT LAUDERDALE, FL 33308-4721** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**LORRAINE AVELLINO McEVoy**  
**65 NAVESINK AVENUE**  
**RUMSON, NJ 07760** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: FRANK J. AVELLINO **FRANK J. AVELLINO**

3/10/00

954-776-7141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)