

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000858

1. Entity Name

ANDREW FAMILY CHARITABLE FOUNDATION, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90034 001 ****61.25

Principal Place of Business

650 OCEAN BEACH ROAD
 APT 341
 VERO BEACH FL 32963

Mailing Address

650 OCEAN BEACH ROAD
 APT 341
 VERO BEACH FL 32963

2. Principal Place of Business

650 CANBY, MALONEY
 Suite, Apt. #, etc.
 161 WORCESTER RD, # 500

3. Mailing Address

650 CANBY, MALONEY
 Suite, Apt. #, etc.
 161 WORCESTER RD, # 500

City & State

FRAMINGHAM, MA

City & State

FRAMINGHAM, MA

4. FEI Number

04-3457474

Applied For

Not Applicable

Zip

01701

Country

USA

Zip

01701

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANDREW, JAMES
 650 OCEAN BEACH ROAD
 APT 341
 VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name **ANDREW, JAMES**

Street Address (P.O. Box Number is Not Acceptable)
650 BEACH ROAD, APT 341

City **VERO BEACH**

FL

Zip Code
32963

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)

9/6/00
 DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, JAMES	
STREET ADDRESS	650 BEACH ROAD, APT 341	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, STACY	
STREET ADDRESS	394 S.W. 62ND BOULEVARD, APT 5	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREW, CHERYL M	
STREET ADDRESS	650 BEACH ROAD, APT 341	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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	
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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)