

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 017 ****70.00

DOCUMENT # N99000000858

1. Entity Name

ANDREW FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

161 WORCESTER RD #500
 FRAMINGHAM MA 01701
 US

Mailing Address

161 WORCESTER RD #500
 FRAMINGHAM MA 01701
 US

C0073683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 CANBY, MALONEY

Suite, Apt. #, etc.
161 Worcester Rd, #500

City & State
FRAMINGHAM, MA

Zip
01701

Country
USA

3. Mailing Address

40 CANBY, MALONEY

Suite, Apt. #, etc.
161 Worcester Rd, #500

City & State
FRAMINGHAM, MA

Zip
01701

Country
USA

4. FEI Number

04-3457474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **ANDREW, JAMES**
 STREET ADDRESS **650 BEACH ROAD, APT 341**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME **ANDREW, STACY**
 STREET ADDRESS **394 S.W. 62ND BOULEVARD, APT 5**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
 NAME **ANDREW, CHERYL M**
 STREET ADDRESS **650 BEACH ROAD, APT 341**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/01

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
Doc # N99000000858
C0073683



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 27, 2001

ANDREW FAMILY CHARITABLE FOUNDATION, INC.
161 WORCESTER RD #500
C/O CANBY, MALONEY
FRAMINGHAM, MA 01701 US

Subject: ANDREW FAMILY CHARITABLE FOUNDATION, INC.

Reference Number: N99000000858

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MS
ANNUAL REPORTS SECTION