

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001827

1. Entity Name

THE LEAR FOUNDATION, INC.

Principal Place of Business

13801 40TH ST. S.
WELLINGTON FL 33414

Mailing Address

P.O. BOX 17350
PLANTATION FL 33318

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

4. FEI Number

65-0929310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 DPST
NAME REITER, HANS P ☒ Delete
STREET ADDRESS 13801 -40TH ST. S.
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D
NAME QUINLAN, DENIS ☐ Delete
STREET ADDRESS 324 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ~~D~~ PRESIDENT, DIRECTOR
NAME SECAN, JOEL ☐ Delete
STREET ADDRESS 8718 NW 83RD ST.
CITY-ST-ZIP TAMARAC FL 33321

TITLE DVP
NAME RICHARDS, TIMOTHY D ☐ Delete
STREET ADDRESS 2665 S. BAYSHORE DR. #703
CITY-ST-ZIP MIAMI FL 33133

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
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 #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90147 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)