

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90036 048 ****61.25

DOCUMENT # N99000002422

1. Entity Name

THE MOTION PICTURE & TELEVISION UNDERWRITERS FOUNDATION, INC.

Principal Place of Business

200 W. PALMETTO PARK RD
 306
 BOCA RATON FL 33932

Mailing Address

200 W. PALMETTO PARK RD
 306
 BOCA RATON FL 33932

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, ELLIOT S
 1601 FORUM PLACE, SUITE 403
 CENTURION PLAZA
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Robert WENECK

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

5568 FOX HOLLOW DRIVE

City

BOCA RATON

FL

Zip Code

33486

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

Robert Weneck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/2002

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 D
 STREET ADDRESS WENECK, ROBERT
 CITY-ST-ZIP 5000 N OCEAN BLVD, BLDG B #1108 FT LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHAW, ELLIOT S
 CITY-ST-ZIP 1601 FORUM PLACE, SUITE 403 WEST PALM BEACH FL 33401

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SHAW, FELECIA H
 CITY-ST-ZIP 220 MARLBOROUGH RD WEST PALM BEACH FL 33405

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 Robert WENECK
 STREET ADDRESS 5568 FOX HOLLOW DRIVE
 CITY-ST-ZIP BOCA RATON FL 33486

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

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

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

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

TITLE ☐ Change ☐ 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:

Robert Weneck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)