

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** N99000002599 **AMENDED\*\*\***

**Entity Name**  
BOB SWANSON GIVE A LIFE FOUNDATION, INC.

**FILED**  
00 JUN 23 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
515 N. Flagler Dr., #1800  
West Palm Beach, FL 33401

**Mailing Address**  
P.O. Box 31688  
Palm Beach Gardens, FL  
33420-31688

**2. Principal Place of Business**  
same as above  
Suite, Apt. #, etc.

**3. Mailing Address**  
same as above  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number**  
65-0932450

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Brain B. Joslyn  
515 N. Flagler Dr., #1800  
West Palm Beach, FL 33401

**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** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **(See criteria on back)**

**FILE NOW!!! FEE IS \$150.00** **After MAY 1, 2000 Fee will be \$550.00** **Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> VPD <b>NAME</b> Harvey Pachter <b>STREET ADDRESS</b> 1022 Diamond Head Way <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> PC <b>NAME</b> F. Robert Swanson <b>STREET ADDRESS</b> 645 Masters Way <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input type="checkbox"/> Delete
<b>TITLE</b> VPID <b>NAME</b> Howard Kessyn <b>STREET ADDRESS</b> 1011 Diamond Head Way <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> STD <b>NAME</b> Joseph Gallucci <b>STREET ADDRESS</b> 321 Eagleton Golf Drive <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> Ira Dinerman <b>STREET ADDRESS</b> 1017 Diamond Head Way <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VPD <b>NAME</b> Teryl Lyman <b>STREET ADDRESS</b> 39 Via Del Corso <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> Ralph Duckett <b>STREET ADDRESS</b> 21 Huntly Dr <b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Joseph Gallucci **Joseph Gallucci** **6/20/00** **(561) 799-0670**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)