2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90022 044 ****61.25

DOCUMENT # N99000002821

1. Entity Name
DANTE B. FASCELL SCHOLARSHIP/LEADERSHIP ENDOWMENT INT
Po. Box 763

Principal Place of Business
XXX
MIA
University of Miami
xx

Mailing Address
Key LARGO, FL 33037

D0062658

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1531 Liguria Ave.	PO Box 763
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, Fla.	City & State: Key Largo, Fla.
Zip: 33146 ~~33037~~ Country: Dade	Zip: 33037 Country: Monroe

4. FEI Number: 65-1000988 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATTY PHILIP F LUDOVICI 730 PERRINE AVE MIAMI, FL 33157	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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME Ernest W. Kent STREET ADDRESS 308 Lt.Ms. Muffett Ln CITY-ST-ZIP Key Largo, Fla. 33037 ☐ Delete	TITLE P ☐ Change ☐ Addition NAME P STREET ADDRESS : CITY-ST-ZIP Key Largo, [illegible]
TITLE SD NAME Ted Pickering, Jr. STREET ADDRESS 1320 Tidal Pointe Blvd. CITY-ST-ZIP Jupiter, Fla. 33477 ☐ Delete	TITLE S ☐ Change ☐ Addition NAME T STREET ADDRESS 1 CITY-ST-ZIP J
TITLE TD NAME Haryey Benefield STREET ADDRESS 1261 Algardi Ave. CITY-ST-ZIP Coral Gables, Fla. 33146 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE SVPD NAME Walt Etling STREET ADDRESS 662 NE 105 Street CITY-ST-ZIP Miami, Shores, Fla.33138 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Miami Shor
TITLE xx VD NAME Nat Naccarato STREET ADDRESS 10717 SW 104 Street CITY-ST-ZIP Miami, Fla. 33176 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Nicholas P. Valeriani STREET ADDRESS 3515 E Glencoe Street CITY-ST-ZIP Miami, Fla. 33133 ☐ Delete	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E037 (9/99)

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: Ernest W. Kent Ernest W. Kent, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #