

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002821

1. Entity Name

DANTE B. FASCELL SCHOLARSHIP/LEADERSHIP ENDOWMEN

Principal Place of Business

1531 LIGURIA AVE
CORAL GABLES FL 33146

Mailing Address

PO BOX 763
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

LUDOVICI, EDWARD P
17415 S. DIXIE HIGHWAY
MIAMI FL 33157-5434

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME KENT, ERNEST W
STREET ADDRESS 308 LT. MS. MUFFETT LANE
CITY-ST-ZIP KEY LARGO FL 33037TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME VALERIANI, NICHOLAS P
STREET ADDRESS 3515 E. GLENCOE ST.
CITY-ST-ZIP MIAMI FL 33133TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME PICKERING, TED JR
STREET ADDRESS 1320 TIDAL POINTE BLVD.
CITY-ST-ZIP JUPITER FL 33477TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME NACCARATO, NAT
STREET ADDRESS 10717 S.W. 104TH ST.
CITY-ST-ZIP MIAMI FL 33176TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME ETUNG, WALT
STREET ADDRESS 662 N.E. 105TH ST.
CITY-ST-ZIP MIAMI SHORES FL 33138TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☐ Delete
NAME BENEFIELD, HARVEY
STREET ADDRESS 1261 ALGARDI AVE.
CITY-ST-ZIP CORAL GABLES FL 33146TITLE ☐ 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:

Ernest W. Kent

REQUIRE ERNEST W. KENT, P 3/29/01 (305) 853-5304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)