

# 2002 UNIFORM BUSINESS REPORT (UBR)

NFP

0223948

DOCUMENT # N99000003565

1. Entity Name

FLORIDA CITY, HOMESTEAD, GOLDCOAST HISTORIC RAIL  
ROAD FOUNDATION, INC.

Principal Place of Business

Mailing Address

1390 S. DIXIE HWY., #1203  
CORAL GABLES FL 33146

1390 S. DIXIE HWY., #1203  
CORAL GABLES FL 33146

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

65-0935901

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

RAATTAMA, HENRY H  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33131

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 CD ☐ Delete  
NAME HARPER, ALLEN C  
STREET ADDRESS 1390 S. DIXIE HWY., #1203  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME 600005024076--5  
STREET ADDRESS -02/27/02--01059--026  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE STD ☐ Delete  
NAME MURPHY, LORETTA A  
STREET ADDRESS 1390 S. DIXIE HWY., #1203  
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D ☐ Delete  
NAME JACKSON, JEFFREY D  
STREET ADDRESS 479 MAIN  
CITY-ST-ZIP DURANGO CO 81301

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

Loretta A. Murphy, Sec

Date

2/14/02

Daytime Phone #

305-667-0990

CR2E037 (9/01)