

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000003898

1. Entity Name

THE BEAUREGARD FOUNDATION, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

04-12-2000 90066 021 ****61.25

Principal Place of Business

355 COCOANUT ROW
PALM BEACH FL 33480

Mailing Address

355 COCOANUT ROW
PALM BEACH FL 33480-4573

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

65-0929642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.

777-S. FLAGLER DRIVE
SUITE 500 EAST
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

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	IRVING W. BAILEY JR	
STREET ADDRESS	205 WORTH AVENUE SUITE 201	
CITY-STATE-ZIP	PALM BEACH, FL 33480	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CATHERINE T. BAILEY	
STREET ADDRESS	6410 LONGVIEW LN.	
CITY-STATE-ZIP	LOUISVILLE, KY 40222	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROTH LAMM	
STREET ADDRESS	260 POND ST	
CITY-STATE-ZIP	HOPKINTON, MA 01748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

IRVING W. BAILEY JR PRESIDENT

4/6/00

Date

Daytime Phone #

CR2E037 (9/99)