

2000 UNIFORM BUSINESS REPORT (UBR)

4/1'

FILED
May 17, 2000 8:00 am
Secretary of State

04-17-2000 90060 034 ****61.25

DOCUMENT # N99000004132

1. Entity Name

JOHN A. STROBIS CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O JOHN A. STROBIS, M.D.
880 NW 13TH ST
BOCA RATON FL 33486

C/O JOHN A. STROBIS, M.D.
880 NW 13TH ST
BOCA RATON FL 33486-2342

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

65-0336466

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

HARNETT LESNICK & RIPPS P.A.
150 E PALMETTO PARK RD
BOCA RATON FL 33432

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CROHN, FRANK T	880 NW 13TH ST.	BOCA RATON FL 33486	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MANNING, JACK R.	880 NW 13TH ST	BOCA RATON FL 33486	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STROBIS, JOHN A	880 NW 13TH ST	BOCA RATON FL 33486	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10.00 56-392-3150

CR2E037 (9/99)