

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90147 018 ****61.25

DOCUMENT # N99000004140

1. Entity Name

The Mark Philippoussis Foundation, Inc.

Principal Place of Business

Mailing Address

120 Palm Avenue
 Miami, FL 33139

120 Palm Avenue
 Miami, FL 33139

2. Principal Place of Business

120 Palm Avenue

Suite, Apt. #, etc.

3. Mailing Address

120 Palm Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL 33139

City & State
 Miami, FL 33139

4. FEI Number
 65-0940014

Applied For
 Not Applicable

Zip Country
 33139 USA

Zip Country
 33139 USA

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

6. Name and Address of Current Registered Agent

Nick Philippoussis
 120 Palm Avenue
 Miami, FL 33139

7. Name and Address of New Registered Agent

Name
 Gregory S. Band
 Street Address (P.O. Box Number is Not Acceptable)
 1680 Fruitville Rd., Ste. 102
 City Sarasota, FL Zip Code 34236

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)

4/26/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$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	P,S Nick Philippoussis 120 Palm Avenue Miami, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,T Mark Philippoussis 120 Palm Avenue Miami, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gavin S. Hopper 120 Palm Avenue Miami, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Nick Philippoussis

4/26/00

305-534-4946

CR2E037 (9/99)