

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004140

1. Entity Name

THE MARK PHILIPPOUSSIS FOUNDATION, INC.

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 049 ****61.25

Principal Place of Business

120 PALM AVENUE
 MIAMI FL 33139

Mailing Address

120 PALM AVENUE
 MIAMI FL 33139

2. Principal Place of Business

10625 El Paraiso Place

Suite, Apt. #, etc.

3. Mailing Address

10625 El Paraiso Place

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

City & State

Delray Beach, FL

Zip

33446

Country

4. FEI Number

65-0940014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAND, GREGORY S
 1680 FRUITVILLE RD STE 102
 SARASOTA FL 34236

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
After September 12, 2001, min. will be \$236.25

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	PSD	<input type="checkbox"/> Delete
NAME	PHILIPPOUSSIS, NICHOLAS S	
STREET ADDRESS	765 HIDEAWAY BAY DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	PHILIPPOUSSIS, MARK A	
STREET ADDRESS	765 HIDEAWAY BAY DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPPER, GAVIN	
STREET ADDRESS	765 HIDEAWAY BAY DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory S. Band	
STREET ADDRESS	1680 Fruitville Rd, # 102	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

August 7 2001 (941) 316-0111

CR2E037 (5/01)