

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004401

1. Entity Name

THE LOWELL FOUNDATION, INC.

FILED N99000004401

00 AUG -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3275 W HILLSBORO BLVD STE 110
DEERFIELD BEACH FL 33442

Mailing Address

3275 W HILLSBORO BLVD STE 110
DEERFIELD BEACH FL 33442

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

6215/00 01091.001 8761.25
65-1021406

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD STE 110
DEERFIELD BEACH FL 33442

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

8. 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 D ☐ Delete
NAME EISENBERG, MARGARET
STREET ADDRESS 3275 W HILLSBORO BLVD STE 110
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME COLEMAN, ANTHONY G. JR.
STREET ADDRESS 3275 W HILLSBORO BLVD STE 207
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME MILLER, STEVEN
STREET ADDRESS 3275 W HILLSBORO BLVD STE 207
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 11, 2000 9545718810

Date

Daytime Phone #

SP