

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005516

1. Entity Name

GANOTE FAMILY FOUNDATION, INC.

Principal Place of Business

8490 S.W. 114TH ST.
MIAMI FL 33156

Mailing Address

8490 S.W. 114TH ST.
MIAMI FL 33156-4331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SACHER, CHARLES P
2655 LE JEUNE RD., STE. 1101
CORAL GABLES FL

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 PTD ☐ Delete
NAME GANOTE, LEN A
STREET ADDRESS 1405 N. GANNETT RD.
CITY-ST-ZIP JACKSON WY 83002

TITLE VSD ☐ Delete
NAME GANOTE, ANN L
STREET ADDRESS 1405 N. GANNETT RD.
CITY-ST-ZIP JACKSON WY 83002

TITLE D ☐ Delete
NAME RODRIGUEZ, SUZANNE
STREET ADDRESS 8490 S.W. 114TH ST.
CITY-ST-ZIP MIAMI FL 33156

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 PTD ☒ Change ☐ Addition
NAME GANOTE, LEN A
STREET ADDRESS 2450 TRADER RD, Box 8579
CITY-ST-ZIP JACKSON, WY 83002

TITLE VSD ☒ Change ☐ Addition
NAME GANOTE, ANN L
STREET ADDRESS 2450 TRADER RD, Box 8579
CITY-ST-ZIP JACKSON, WY 83002

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

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

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

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:

LEN A GANOTE

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90071 008 ****61.25

908543



DO NOT WRITE IN THIS SPACE

4. FEL Number

65-0949411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)