

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006169

1. Entity Name

GROWINGCONCERNS FOUNDATION, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 050 ****61.25

Principal Place of Business

5200 TOWN CENTER CIRCLE
SUITE 105
BOCA RATON FL 33486
US

Mailing Address

5200 TOWN CENTER CIRCLE
SUITE 105
BOCA RATON FL 33486
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYER, LOTHAR L
5200 TOWN CENTER CIRCLE
SUITE 105
BOCA RATON FL 33486

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: D ☐ Delete
NAME: MAYER, LOTHAR L
STREET ADDRESS: 5200 TOWN CENTER CIRCLE SUITE 105
CITY-ST-ZIP: BOCA RATON FL 33486

TITLE: D ☐ Delete
NAME: MAYER, CARLYN
STREET ADDRESS: 5200 TOWN CENTER CIRCLE SUITE 105
CITY-ST-ZIP: BOCA RATON FL 33486

TITLE: D ☐ Delete
NAME: MAYER, SIMONE
STREET ADDRESS: 1000 N.E. 86TH STREET
CITY-ST-ZIP: MIAMI FL 33138

TITLE: D ☐ Delete
NAME: MAYER, ROBERT
STREET ADDRESS: 1151 S PARK ROAD APT 106
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: D ☐ Delete
NAME: MAYER, NICOLETTE
STREET ADDRESS: 17206 COURTLAND LANE
CITY-ST-ZIP: BOCA RATON FL 33496

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
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 390 SE MIZNER BLVD. #1814
CITY-ST-ZIP: BOCA RATON, FL 33432

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

561-392-4122

CR2E037 (9/01)