

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90632 043 ****61.25

DOCUMENT # N99000006169

1. Entity Name
GROWINGCONCERNS FOUNDATION, INC.



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

17819 Lake Estates Dr
Suite, Apt. #, etc.

3. Mailing Address

5933 W Hillsboro Ave
Suite, Apt. #, etc.
#212



☒ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton FL

City & State

Parkland FL

4. FEI Number **65-0961260**

Applied For

Not Applicable

Zip

Country

33496 US

Zip

Country

33067 US

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 **Simone**

Street Address (P.O. Box Number is Not Acceptable)

17819 Lake Estates Drive

City **Boca Raton**

FL

Zip Code

33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, LOTHAR L	
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 105	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, CARLYN	
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 105	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, SIMONE	
STREET ADDRESS	1000 N.E. 86TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, ROBERT	
STREET ADDRESS	390 SE MIENER BLVD 1814	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYER, NICOLETTE	
STREET ADDRESS	17206 COURTLAND LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17819 Lake Estates Dr	
CITY-ST-ZIP	Boca Raton FL 33496	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17819 Lake Estates Dr	
CITY-ST-ZIP	Boca Raton FL 33496	
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:

Lothar Mayer 4-15-03

CR2E037 (10/02)