

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-09-2001 90241 016 ****61.25

DOCUMENT # N99000006927

1. Entity Name

THE OWEN FOUNDATION, INC.

Principal Place of Business

1501 CORPORATE DR., #120
BOYNTON BEACH FL 33446

Mailing Address

1501 CORPORATE DR., #120
BOYNTON BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0967648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWEN, MARTHA S
1501 CORPORATE DR., #120
BOYNTON BEACH FL 33446**

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	<input type="checkbox"/> Delete
NAME	OWEN, MARTHA S	
STREET ADDRESS	1501 CORPORATE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZLOCZOVER, VIRGINIA	
STREET ADDRESS	1501 CORPORATE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULHALL, FRANK	
STREET ADDRESS	1501 CORPORATE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEINFELD, BETTY	
STREET ADDRESS	1501 CORPORATE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	STURTZ, ETHEL B	
STREET ADDRESS	1501 CORPORATE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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	<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 lines empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

562 369 4421

Daytime Phone #

CR2E037 (10/00)