

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007506

1. Entity Name

THE GREGORY FAMILY FOUNDATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90140 050 ****61.25

Principal Place of Business

1615 PARKSIDE CIRCLE SOUTH
BOCA RATON FL 33486

Mailing Address

11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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

65-0970356

Applied For

Not Applicable

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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:
FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GREGORY, DALE M
STREET ADDRESS 1615 PARKSIDE CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE STD ☐ Delete
NAME GREGORY, AGNES
STREET ADDRESS 1615 PARKSIDE CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE D ☐ Delete
NAME GREGORY, DALE M JR.
STREET ADDRESS 1615 PARKSIDE CIRCLE SOUTH
CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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.

Dale M. Gregory, President

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale M. Gregory 4/16/00 561-368-3932