

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90097 010 ***150.00

DOCUMENT # N99000007506

1. Entity Name

THE GREGORY FAMILY FOUNDATION, INC.

Principal Place of Business

**394 S MAPLE PALM DRIVE
 BOCA RATON FL 33432**

Mailing Address

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

2. Principal Place of Business

**394 S. Maya Palm Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**394 S. MAYA PALM DR
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, FL
 33432 USA**

City & State

**Boca Raton, FL
 33992 USA**

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

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

7. Name and Address of New Registered Agent

Name **Dale Gregory**
 Street Address (P.O. Box Number is Not Acceptable)

**394 S. Maya Palm Dr
 Boca Raton, FL 33432**

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 **PD** ☐ Delete
 NAME **GREGORY, DALE M**
 STREET ADDRESS **394 S MAYA PALM DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **STD** ☐ Delete
 NAME **GREGORY, AGNES**
 STREET ADDRESS **394 S MAYA PALM DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ Delete
 NAME **WORKMAN, THOMAS**
 STREET ADDRESS **1700 S DIXIE HWY STE 4C**
 CITY-ST-ZIP **BOCA RATON FL 33432-7403**

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

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 561-368-2131

CR2E037 (9/01)