

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90285 030 \*\*\*150.00

0242597 AV

**DOCUMENT # P00000014999**

**1. Entity Name**  
**PANTHEON FUND, INC.**



**Principal Place of Business**  
**777 LAKEVIEW DRIVE**  
**MIAMI FL 33140**

**Mailing Address**  
**777 LAKEVIEW DRIVE**  
**MIAMI FL 33140**

**11019070**



**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** **65-0982082**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**J. BENNETT GROCOCK, P.A.**  
**126 E JEFFERSON ST**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name **Daniel Stauber**

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

**777 Lakeview Dr.**

City **MIAMI BEACH**

FL

Zip Code **33140**

**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 **Daniel Stauber**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **STAUBER, DANIEL**  
STREET ADDRESS **777 ARTHUR GODFREY RD, 2ND FL**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Change ☐ Addition  
NAME **DANIEL STAUBER**  
STREET ADDRESS **777 LAKEVIEW DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☐ Delete  
NAME **TOBIN, MICHAEL**  
STREET ADDRESS **777 ARTHUR GODFREY RD, 2ND FL**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **D** ☒ Change ☐ Addition  
NAME **TOBIN, MICHAEL**  
STREET ADDRESS **777 LAKEVIEW DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(j), 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 607, 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

**4/20/03** **305-868-8779**  
Date Daytime Phone #

CR2E034 (10/02)