

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90194 029 ****61.25

DOCUMENT # P24456

1. Entity Name

THE AGL FOUNDATION, INC.

Principal Place of Business

Mailing Address

MARTINIQUE 2, E. TOWER #1102
4000 N. OCEAN DRIVE
SINGER ISLAND FL 33404

MARTINIQUE-2, E. TOWER #1102
4000 N. OCEAN DRIVE
SINGER ISLAND FL 33404-2858

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

65-0098771

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ADDRESS	ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PVS LUTHER, ADELYN L. 4000 N OCN DR,E TWR 1102 SINGER ISLAND FL		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD LUTHER, ADELYN L. 4000 N OCN DR,E TWR 1102 SINGER ISLAND FL		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD GORDON, RICHARD E 1550 LAKESHORE WHITEFISH MT 59937		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD PASTOR, PATTI E 75 WOODSBAY POINT RD. BIGFORK MT 59911		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (9/99)