

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027856

1. Entity Name

PROFESSIONAL FOUNDATIONS OF FLORIDA, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90050 020 \*\*\*150.00

Principal Place of Business

Mailing Address

4340 NW 19 AVE BAY F  
POMPANO BEACH FL 33064

4340 NW 19 AVE BAY F  
POMPANO BEACH FL 33064-8710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396509

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

FLENNIKEN, CHARLES  
4436 120TH AVE N  
ROYAL PALM BCH FL 33411

Name **JOHN J. AHERN**

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

**21521 E. HOLLANDALE**

City **BOCA RATON**

**FL**

Zip Code **33433**

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

*John J. Ahern* / PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **FLENNIKEN, CHARLES L**  
STREET ADDRESS **4436 120TH AVE N**  
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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

TITLE **S** ☐ Delete  
NAME **AHERN, JOHN J**  
STREET ADDRESS **21521 E. HOLLANDALE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **AHERN, JOHN J.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **AHERN, MARK F**  
STREET ADDRESS **2871 N OCEAN BLVD. M-126**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **AHERN, MARK F.**  
STREET ADDRESS **6801 HOLLANDALE BL. W**  
CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE **VP** ☐ Delete  
NAME **AHERN, JOHN T**  
STREET ADDRESS **1261 NW 48TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **MARSEY, KATHLEEN M.**  
STREET ADDRESS **3720 NE 22 AVE. #10**  
CITY-ST-ZIP **LIGHTHOUSE Pt., FL. 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John J. Ahern* / PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/04/00

954-  
984-8360

CR2E034 (9/99)