

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042796

1. Entity Name

GIFTS OF LEARNING FOUNDATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90812 001 ***150.00

05-19-2000 90812 002 *****8.75

Principal Place of Business

Mailing Address

12553 WOODMILL DRIVE
PALM BCH GARDENS FL 33418

12553 WOODMILL DRIVE
WEST PALM BEACH FL 33418-8938

2. Principal Place of Business

356 Golfview Road

3. Mailing Address

PO Box 30098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

65-0423813

Applied For

Not Applicable

Zip

33420

Country

Palm Beach

Zip

33420

Country

Palm Beach

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

MALLAMO, JAMES A
12553 WOODMILL DRIVE
PALM BCH GARDENS FL 33418

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

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

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PDS
MALLAMO, JAMES A
12553 WOODMILL DRIVE
PALM BCH GARDENS FL 33418

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #