

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90349 042 \*\*\*150.00

**DOCUMENT # P96000067076**

1. Entity Name

**FOUNDATION UMBRELLA MANAGEMENT, INC.**

Principal Place of Business

% MARC H. AUERBACH, ESQ  
 201 S. BISCAYNE BLVD., #2000  
 MIAMI FL 33131

Mailing Address

% MARC H. AUERBACH, ESQ  
 201 S. BISCAYNE BLVD., #2000  
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1150 N. Loop 1604 West

3. Mailing Address

1150 N. Loop 1604 West

Suite, Apt. #, etc.

108 Box 467

Suite, Apt. #, etc.

108 Box 467

City & State

San Antonio, TX

City & State

San Antonio, TX

Zip

78248

Country

Zip

78248

Country

4. FEI Number

65-0689651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQUIRE  
 201 S. BISCAYNE BLVD., SUITE 2000  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE ☐ Delete  
 NAME **D CRAIG, WARREN G**  
 STREET ADDRESS **18160 HIGHWAY 281 N., 108-167**  
 CITY-ST-ZIP **SAN ANTONIO TX 78232**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)