

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90007 008 \*\*\*550.00

DOCUMENT # P99000093407

1. Entity Name

CLARENCE VANDERBILT HOLDER FOUNDATION INC.

Principal Place of Business

5490 HOLDEN ROAD  
PORT ST. LUCIE FL 32927

Mailing Address

5490 HOLDEN ROAD  
PORT ST. LUCIE FL 32927

2. Principal Place of Business

5490 Holden Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT ST. John FL

City & State

Same

Zip

32927

Country

BREVARD

Zip

Country

4. FEI Number

59-3606494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES, BEVERLY E  
5490 HOLDEN ROAD  
PORT ST. LUCIE FL 32927  
John

7. Name and Address of New Registered Agent

Name James, Beverly E

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

5490 Holden Road

City PT. ST. John

FL

Zip Code 32927

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 BEVERLY E. JAMES

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

(NOTE: Registered Agent signature required when re-stating)

DATE

9/9/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D ☐ Delete  
NAME JAMES, BEVERLY E  
STREET ADDRESS 5490 HOLDEN ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 32927

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE TREASURER ☐ Change ☐ Addition  
NAME ELIZABETH CARDONA  
STREET ADDRESS 5490 HOLDEN ROAD  
CITY-ST-ZIP PT. ST. John FL 32927

TITLE SECRETARY ☐ Change ☐ Addition  
NAME MICHAEL CARDONA  
STREET ADDRESS 759 NOSTRAND AVE  
CITY-ST-ZIP UNIONDALE NY 11553

TITLE V.P. ☐ Change ☐ Addition  
NAME FRANKLIN CARDONA  
STREET ADDRESS 1100 HENRY BALCH DRIVE  
CITY-ST-ZIP WINTER PARK FL 32810

TITLE OFFICER ☐ Change ☐ Addition  
NAME ALICIA COLEMAN  
STREET ADDRESS 840 WALLACE AVE  
CITY-ST-ZIP BALDWIN NY 11510

TITLE OFFICER ☐ Change ☐ Addition  
NAME RAYMOND JENKINS  
STREET ADDRESS 649 PARK LAKE ST.  
CITY-ST-ZIP ORLANDO FL 32803

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

SIGNATURE BEVERLY E. JAMES 9/9/00

Phone # (321) 639-0623

CR2E034 (5/00)