

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000093407**

1. Entity Name

CLARENCE VANDERBILT HOLDER FOUNDATION INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90033 001 ***150.00

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

5490 Holden Rd

Suite, Apt. #, etc.

POB

Suite, Apt. #, etc.

City & State

PORT SAINT JOHN, FL

City & State

PORT SAINT JOHN, FL

Zip

32927

Country

BREVARD

Zip

32927

Country

BREVARD

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

7. Name and Address of New Registered Agent

Name

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

5490 Holden Road

City

PORT 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

Signature, typed or printed name of registered agent (and file 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	JAMES, BEVERLY E	5490 HOLDEN ROAD	PORT ST. LUCIE FL 32927	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5490 Holden Road	PORT SAINT JOHN, FL 32927	

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 #

CR2E034 (10/00)