

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73698

1. Entity Name

NORMILE FOUNDATIONS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90112 018 \*\*\*158.75

Principal Place of Business

Mailing Address

6631 FERN ST  
MARGATE FL 33063  
US

6631 FERN ST  
MARGATE FL 33073-1954  
US

2. Principal Place of Business

3. Mailing Address

6195 NW 45th terrace

6195 NW 45th terr

Suite, Apt., etc.

Suite, Apt., etc.

Coconut Creek

Coconut Creek

City & State

City & State

Florida

Florida

Zip

33073

Country

USA

Zip

33073

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0363650

Applied For

Not Applicable

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

NORMILE, THOMAS  
6631 FERN ST  
MARGATE FL 33063

Name

Normile, Thomas

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

6195 NW 45th terr.

City

Coconut Creek

FL

Zip Code

33073

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

Thomas M. Normile

4/12/00

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 ☒ Delete  
NAME ~~NORMILE, THOMAS~~  
STREET ADDRESS ~~6631 FERN ST~~  
CITY-ST-ZIP ~~MARGATE FL 33063~~

TITLE ☒ Change ☐ Addition  
NAME President  
NAME Normile, Thomas  
STREET ADDRESS 6195 NW 45th terr  
CITY-ST-ZIP Coconut Creek FL 33073

TITLE ☐ Delete  
NAME VP  
NAME NORMILE, BART  
STREET ADDRESS 10585 ROYAL PALM BLVD.  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

Thomas M. Normile - president 4/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 596-1437

Daytime Phone #

CR2E034 (9/99)