

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011213

**FILED**  
**Mar 24, 2016**  
**Secretary of State**  
**CC3393889203**

**Entity Name:** VICTOR AND SANDRA FULLER FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133

**Current Mailing Address:**

2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133

**FEI Number:** 20-3736887

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI, FL 33133 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name FULLER, VICTOR L  
Address 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title DVPS  
Name FULLER, SANDRA T  
Address 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-State-Zip: MIAMI FL 33133

Title D  
Name KATZ, MICHAEL D  
Address 2699 S. BAYSHORE DRIVE, 7TH FLOOR  
City-State-Zip: MIAMI FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL D. KATZ

**D**

**03/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date