

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13115

1. Entity Name

PAN AM HISTORICAL FOUNDATION, INC.

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90348 001 ****61.25

Principal Place of Business

9855 S.W. 90TH AVE
MIAMI FL 33176
US

Mailing Address

9855 S.W. 90TH AVE
MIAMI FL 33176
US

2. Principal Place of Business

7236 SW 55 AVE

3. Mailing Address

7236 SW 55 AVE

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

City & State

33143

City & State

33143

Zip

Country

US

Zip

Country

US

4. FEI Number

59-2653271

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRA SWELL, JULIAN H
9855 S.W. 90TH AVENUE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

DAVID ABRAMS

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

7236 SW 55 AVE

MIAMI

City

FL

Zip Code

33143

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 DAVID ABRAMS

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

(NOTE: Registered Agent signature required when reinstating)

David Abrams

3/14/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SEFTON, JENNIE | |
| STREET ADDRESS | 78 LAWRENCE PARK TERR | |
| CITY-ST-ZIP | BRONXVILLE NY 10708 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ROTTSCH, PAUL | |
| STREET ADDRESS | 39 JOHN STREET | |
| CITY-ST-ZIP | GREENWICH CO | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CLAIR, KATHLEEN M | |
| STREET ADDRESS | 285 AVENUE C, APT. 8-C | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ABRAMS, D. | |
| STREET ADDRESS | 7236 SW 55TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | C.W. RUNNETTE | |
| STREET ADDRESS | 49 ST. JOHN PLACE | |
| CITY-ST-ZIP | NEW CAVAN, CT 06840 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEORGE DOUBLEDAY | |
| STREET ADDRESS | 2627 LOMBARD ST. | |
| CITY-ST-ZIP | SAN FRANCISCO, CA 94123 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY S. LEIDNER | |
| STREET ADDRESS | 10 WEST 9TH ST. | |
| CITY-ST-ZIP | NEW YORK, NY 10011 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Abrams

3/14/02

305-667-2329

CR05037 12/01