

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90099 027 \*\*\*\*61.25

**DOCUMENT # N97000002254**

1. Entity Name

**THE GARDNER FAMILY FOUNDATION, INC.**

Principal Place of Business <b>3319 ANDERSON ROAD CORAL GABLES FL 33134</b>	Mailing Address <b>3319 ANDERSON ROAD CORAL GABLES FL 33134-7046</b>
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**AU024014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>321 S.E. 3RD ST APT # F1</b>	3. Mailing Address <b>321 S.E. 3RD ST APT # F1</b>
City & State <b>GAINESVILLE FL</b>	City & State <b>GAINESVILLE FL</b>
Zip <b>32601</b>	Country <b>USA</b>

4. FEI Number <b>65-0748998</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GARDNER, DONALD J  
3319 ANDERSON ROAD  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: **CLAIRE GARDNER**  
 Street Address (P.O. Box Number is Not Acceptable): **321 S.E. 3RD ST  
APT # F1**  
 City: **GAINESVILLE FL** Zip Code: **32601**

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: **CLAIRE GARDNER (D)** *Claire Gardner* **2/24/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARDNER, DONALD J 3319 ANDERSON ROAD CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD GARDNER, KATHLEEN S 3319 ANDERSON ROAD CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARDNER, CLAIRE E 3319 ANDERSON ROAD CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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: **DONALD GARDNER** *Donald Gardner* **2/24/00** **528-298 8010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #