NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 26 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 00 000006032

1. Entity Name

GALAHER AWARENESS FOUNDATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
77 SOUTH BIRCH ROAD	SAME
Suite, Apt. #, etc.: #14B	Suite, Apt. #, etc.: SAME
City & State: FORT LAUDERDALE FL	City & State: SAME
Zip: 33316 Country: U.S.	Zip: SAME Country: SAME

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1026931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

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: Robert E. Galaher Jr Pres. 4-15-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	PRESIDENT, DIRECTOR, CFO	TITLE	000005451640--[illegible]
NAME	ROBERT E. GALAHER	NAME	-05/06/02--01006--001
STREET ADDRESS	77 SOUTH BIRCH ROAD, #14B	STREET ADDRESS	*****61.25 *****61.25
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	CITY - ST - ZIP	
TITLE	DIRECTOR, SECRETARY	TITLE	
NAME	JOHN E. GARGER	NAME	
STREET ADDRESS	77 SOUTH BIRCH ROAD, #14B	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Galaher Jr 4-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pres. Date Daytime Phone #

954-462-4054

STF FL32380F.1