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2001 UNIFORM BUSINESS REPORT (UBR)

May 01, $\overline{2001}$ 8:00 am $\frac{8}{8}$ DOCUMENT # N0000004790 Secretary of State 05-01-2001 90021 029 ****61.25 THE PECK FOUNDATION, INC. Principal Place of Business Mailing Address 11907 TURTLE BEACH ROAD 11907 TURTLE BEACH ROAD NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip ··· Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) POSNER, MICHAEL J ESQ 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH FL 33407 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTT ☐ Change ☐ Addition ☐ Delete TITI F TITLE PECK, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 11907 TURTLE BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 Delete Change ☐ Addition TITLE TITLE PECK, GEORGE C JR NAME NAME STREET ADDRESS STREET ADDRESS 11907 TURTLE BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Change Addition TITLE ☐ Delete TITLE NAME PECK, RICHARD E STREET ADDRESS STREET ADDRESS 11907 TURTLE BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE ☐ Delete TITLE ☐ Change Addition PHILIPS, DEBORAH PECK NAME NAME STREET ADDRESS STREET ADDRESS 11907 TURTLE BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE ☐ Delete TITLE ☐ Change ☐ Addition POSNER, MICHAEL J NAME NAME STREET ADDRESS 11907 TURTLE BEACH ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ieu (Risy GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #