

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

AMENDED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 22 PM 3:36

DOCUMENT # N00000008509

1. Entity Name
THE STEPHEN H. GOLDMAN FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 N. MAGNOLIA AVE.

3. Mailing Address
800 N. MAGNOLIA AVE.

Suite, Apt. #, etc.
SUITE 1500

Suite, Apt. #, etc.
SUITE 1500

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip Country
32803 US

Zip Country
32803 US

4. FEI Number
59-3690155

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)
800 N. MAGNOLIA AVE., SUITE 1500

City State Zip Code
ORLANDO FL 32803

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.
DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member

SIGNATURE By: *[Signature]* 03/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Lauren Y. Detzel, Vice President

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 D
NAME GOLDMAN, STEPHEN H.
STREET ADDRESS 2009 VENETIAN WAY
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME GOLDSMITH, ANNA
STREET ADDRESS 959 BUCKSAW PLACE
CITY-ST-ZIP LONGWOOD, FL 32705

TITLE D
NAME WHITCHURCH, ELLWOOD F.
STREET ADDRESS 324 ASHFORD CT.
CITY-ST-ZIP HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300005259133--3
-04/15/02--01008--00800
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Handwritten Signature]

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 on an attachment with an address, with all other like employees.

SIGNATURE: *[Signature]*

407-353-1402

CR2E037B (12/01)