

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/9

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90042 038 \*\*\*\*61.25

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|   |                            |  |   |  |  |
|---|----------------------------|--|---|--|--|
| <b>DOCUMENT # N03000011012</b>  |                            |  |   |  |  |
| 1. Entity Name<br>THE ROBERT MUIR FAMILY FOUNDATION, INC.   |                            |  |   |  |  |
| Principal Place of Business<br>850 NE 5 AVE<br>BOCA RATON, FL 33432   |                            | Mailing Address<br>850 NE 5 AVE<br>BOCA RATON, FL 33432                          |   |  |  |
| 2. Principal Place of Business  |                            | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                            | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                            | City & State   |   |  |  |
| Zip   | Country                    | Zip  | Country   | 4. FEI Number<br><b>20-0531069</b>                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                            |  |   | Applied For<br>Not Applicable                      |  |
| 6. Name and Address of Current Registered Agent   |                            |  |   | 7. Name and Address of New Registered Agent        |  |
| PILOTTE, FRANK T<br>340 ROYAL PALM WAY STE 100<br>PALM BEACH, FL 33480  |                            |  |   | 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. I am familiar with, and accept the obligations of registered agent.   |                            |  |   |  |  |
| SIGNATURE   |                            | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees                        |  |
| Make check payable to Florida Department of State   |                            |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE   | D                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input type="checkbox"/> Addition            |
| NAME  | MUIR, ROBERT               |  | NAME  |  |  |
| STREET ADDRESS  | 850 NE 5 AVE               |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33432       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input type="checkbox"/> Addition            |
| NAME  | MUIR, ROBIN                |  | NAME  |  |  |
| STREET ADDRESS  | 850 NE 5 AVE               |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33432       |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                          | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input type="checkbox"/> Addition            |
| NAME  | PILOTTE, FRANK             |  | NAME  |  |  |
| STREET ADDRESS  | 340 ROYAL PALM WAY STE 100 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PALM BEACH, FL 33432       |  | CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input checked="" type="checkbox"/> Addition |
| NAME  |                            |  | NAME  |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input type="checkbox"/> Addition            |
| NAME  |                            |  | NAME  |  |  |
| STREET ADDRESS  |                            |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                            |  | CITY-ST-ZIP   |  |  |
| TITLE   |                            | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change                    | <input type="checkbox"/> 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 another like empowered. |                            |  |   |  |  |
| SIGNATURE:  |                            | Date: 4/15/04  |   | Daytime Phone #: 561-392-7777                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                            | Date   |   | Daytime Phone #                                    |  |