

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90032 012 \*\*\*\*61.25

**DOCUMENT #** N03000011012

1. Entity Name  
 THE ROBERT MUIR FAMILY FOUNDATION, INC.



Principal Place of Business 850 NE 5 AVE BOCA RATON, FL 33432	Mailing Address 850 NE 5 AVE BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0531069	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Robert C Muir  
 850 NE 5th Ave  
 Boca Raton, FL 33432

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUIR, ROBERT 850 NE 5 AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUIR, ROBIN 850 NE 5 AVE BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert C Muir* 1-11-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #