

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90102 029 \*\*\*\*61.25

**DOCUMENT # N15617**

1. Entity Name

**THE C. KENNETH AND LAURA BAXTER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

505 S. FLAGLER DR.  
 SUITE 900  
 WEST PALM BEACH FL 33401

505 S. FLAGLER DRIVE  
 SUITE 900  
 WEST PALM BEACH FL 33401

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

**59-2706460**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKLEY, PAMELA**  
**TRUST CO OF FLORIDA**  
**132 ROYAL PALM WAY**  
**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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BAXTER, LAURA</b>	
STREET ADDRESS	<b>624 ISLAND DR.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TROWBRIDGE, CALLOWAY III</b>	
STREET ADDRESS	<b>132 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MARKLEY, PAMELA</b>	
STREET ADDRESS	<b>132 ROYAL PALM WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DONTEN, DAVID</b>	
STREET ADDRESS	<b>505 SOUTH FLAGLER DRIVE, SUITE 900</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/02*

Date

*561-832-9292*

Daytime Phone #

CR2E037 (9/01)