2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90100 008 ****61.25

DOCUMENT # N48080

1. Entity Name

THE DAN MARINO FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2 S. UNIVERSITY DR. STE 325 PLANTATION FL 33324 US	2 S. UNIVERSITY DR. STE 325 PLANTATION FL 33326-1906 US
2. Principal Place of Business: 1063 Shotgun Road	3. Mailing Address: 1063 Shotgun Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Fl., 33326	City & State: Sunrise, Fl., 33326
Zip: 33326 Country: Broward	Zip: 33326 Country: Broward

4. FEI Number: 65-0320556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHERMAN, CRAIG B. ~~3050 BISCAYNE BLVD~~ ~~SUITE 600~~ ~~MIAMI FL 33137-4165~~	Name Street Address (P.O. Box Number is Not Acceptable): 1000 Corporate Dr, Ste 310 City: Ft. Lauderdale FL Zip Code: 33334

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: Craig B Sherman DATE: 3/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARINO, DANIEL C., JR. 2 S. UNIVERSITY DR. PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1063 Shotgun Road Sunrise, Fl., 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARINO, CLAIRE D. 2 S. UNIVERSITY DR. PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1063 Shotgun Road Sunrise, Fl., 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERMAN, CRAIG B. 3050 BISCAYNE BLVD #600 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1000 Corporate Dr., Ste 310 Ft. Lauderdale, Fl., 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRAENKEL, FRANCIS L. ~~7 WORLD TRADE CENTER~~ NEW YORK NY 10151	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition C/o Delta Capital Management, Inc. 745 Fifth Ave. 26th Fl
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMOFF, MARVIN A. 11377 W OLYMPIC BLVD LOS ANGELES CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CHABROW, PENN B.~~ ~~3050 BISCAYNE BLVD #600~~ ~~MIAMI FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 3/21/00 954-349-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #