2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N94000004406 1. Entity Name THE MARGARET AND GERRIT BAKER PRIVATE FOUNDATION 02-28-2001 90132 029 ****61.25 Principal Place of Business Mailing Address % BRIAN G. CAVELL-% BRIAN G. CAVELL 490 E. PALMETTO PARK-RD. 490 E. PALMETTO PARK-RD. BOGA-RATON FL-33432 BOCA RATON FL 33432 Principal Place of Business Mailing Address Brian DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0519042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 25A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O. Box Number is Not Acceptable) ASARCH, STEVEN J 7777 GLADES RD. 1900 NW Corporate Blud SUITE 200- 400 East BOCA RATON FL 33434 33431 statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits STEVEN J ASARCH SIGNATURE registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition PCD TITLE ☐ Change TITLE □ Delete CAVELL, BRIAN G. NAME NAME STREET ADDRESS STREET ADDRESS 490 E. PALMETTO PARK RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition Change TITLE Delete TITLE Darcy Cavell 1808 - Ox Bottom Lave BAKER, MARGARET R. NAME NAME STREET ADDRESS STREET ADDRESS 350 S. OCEAN BLVD., APT 12D Tallahassee, FL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE STD Delete TITLE Steven J. Asarch Blvd. #400 East BAKER, GERRIT H. NAME NAME STREET ADDRESS STREET ADDRESS 350 S. OCEAN BLVD., APT.12D CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change □ Delete TITLE 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 supplemental report to exempt the this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter of the true of true of the true

ke empowered.

J. Asarch 02-20-2001