2000) UNIS	ORM BUS	NES	SS REPO	RT	(UBR)	1						.
DOCUMENT # N9400004614 1. Entity Name HAROLD P. RANSBURG FOUNDATION, INC.								APPROVED AND FILED					
								00 DEC 18 PM 4: 23					
Principal Plac	e of Business		Mailin	g Address									
1221 GULFSHORE BLVD N NAPLES FL 34102-4922 US			1221 (Naple				SÉCRETARY ALLAHASSEI			Of highl deal icen			
2. Principal P	lace of Busine	ess	3. Mailing Address				_						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			Cit	ty & State		4. FEI Number 65-0533168 Applied For Not Applicate							
Zip	p Country		Zip		Cou	Country		5. Certificate of Status Desired Status Desired Fee Required					
		Name		7. Name and	Address of New	Registered	Agent		┦ 🚆				
RANSBURG, MARIA L 1221 GULFSHORE BLVD N NAPLES FL 34102						Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
8. The above		submits this statement for		x. C	Vic	ed office or rec	£	Ray	n, in the state of F		2/14	12000	
FILE NOW: FEE IS \$61:25 After September 13, 2000 min. will be \$236.25 Trust Fund Contribution								.00 May Be led to Fees		ke Check epartmen			— — 112 — 113
10.		OFFICERS AND DIF	ECTORS		11.		Α	DDITIONS/CH/	NGES TO OFFIC	ERS AND D			
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indicated of the cor changed,	2. I hereby certify that the information supplied with this filling 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 eminowered to exempt 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 the areaddress, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Imperious August 1997 Day Imperio												