

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000003915**

1. Entity Name

**THE BOONE DARDEN FOUNDATION, INC.**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90042 014 \*\*\*\*61.25

Principal Place of Business

901 5TH STREET  
 WEST PALM BEACH FL 33401

Mailing Address

901 5TH STREET  
 WEST PALM BEACH FL 33401-4148

2. Principal Place of Business

907 5th St

3. Mailing Address

907 5th St

Suite, Apt. #, etc.

West Palm Beach (APT 2)

Suite, Apt. #, etc.

APT 2

City & State

West Palm Bch, Fla

City & State

West Palm Bch, Fla

4. FEI Number

65-0748715

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**OWENS, BILL**  
 901 5TH STREET  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

None

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

*William J Owens*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/00

**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

TITLE PD  Delete  
 NAME OWENS, WILLIAM  
 STREET ADDRESS 901 54 ST.  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD  Delete  
 NAME MARSHALL-SMITH, CAROL N  
 STREET ADDRESS 717 45TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE T  Delete  
 NAME SAGO, HAROLD  
 STREET ADDRESS 901 5TH ST  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD  Delete  
 NAME WALKER, ANN  
 STREET ADDRESS 4706 AUSTRALIN MANGO  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*William J Owens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/00

CR2E037 (9/99)