1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90023 044 ****61.25

DOCUMENT # N9700000697

1. Corporation Name

CHAPLIN FAMILY FOUNDATION, INC.

Principal Place of Business 2800 PONCE DE LEON BLVD. SUITE 1125 CORAL GABLES FL 33134 Mailing Address 2800 PONCE DE LEON BLVD SUITE 1125

CORAL GABLES FL 33134 US



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Principal Place of Business 2a. Mailing Address 26						Date Incorporated or Qualifed 02/06/1997				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						4_FEI Number 65-0732508		Applied For Not Applicable		
City & State			City & State			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country 25	29	Zip Country				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
		nt regue		81 82	Name	- (D	O. Box Number is Not Acceptable)			
Breier, Robert G 2800 Ponce de Leon BLVD.					Street Addres	S (P.	O. Box Number is Not Acceptable)			
SUITE 1125	0.51.00404			83						
CORAL GABLE			•	84	•		FL	85	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I	Registered Agent signature n	required when reinstating)	DATÉ	Ì
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition
NAME	CHAPLIN, HARVEY R	1.2 NAME		•	
	2800 PONCE DE LEON BLVD. #1125	1.3 STREET ADDRESS		•	
STREET ADDRESS	•		·		
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	<u> </u>	2.1 TITLE		☐ 2.m.3v	
NAME	CHAPLIN, ARLENE	2.2 NAME	·	•	
STREET ADORESS	2800 PONCE DE LEON BLVD. #1125	2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	2 12 12 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE	O □ DELETE	3.1 TITLE		Change	Addition
NAME	CHAPLIN, WAYNE E	3.2 NAME	·		ĺ
STREET ADDRESS	2800 PONCE DE LEON BLVD, #1125	3.3 STREET ADDRESS		•	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4. CITY-ST-ZIP		. <u></u>	
TITLE	D DELETE	4.1 TITLE		Change	Addition
NAME	JOVE, TERRY	4. 2 NAMÉ			
STREET ADDRESS	2800 PONCE DE LEON BLVD. #1125	4.3 STREET ADDRESS		•	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		Change	Addition
NAME	CHAPLIN, PAUL B	5.2 NAME			
STREET ADDRESS	2800 PONCE DE LEON BLVD, #1125	5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP			:
TITLÉ	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME	1	6.2 NAME			
STREET ADDRESS	· · · · ·	6.3 STREET ADDRESS			
CITY OT 78D		6.4 CITY-ST-ZIP]		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 305-864-6942 Daytime Phone #

CR2E037 (11/98