

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003708

1. Entity Name

MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDAT

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90061 029 ****61.25

Principal Place of Business 100 LAKESHORE DR PH 56 NORTH PALM BEACH FL 33408	Mailing Address P O BOX 6228 LAKE WORTH FL 33466-6228 US
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2. Principal Place of Business 2805-D322 NW 83rd St. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State
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Zip 32606	Country USA	Zip	Country
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4. FEI Number 65-0785518	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORBES, PHILIP H
11382 PROSPERITY FARMS RD
SUITE 227
PALM BEACH GARDENS FL 33410**

Name
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	D MCCONAHY, LINDA 1115 HIBISCUS AVENUE LEHIGH ACRES FL 33936-8402	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE, SUSAN 429 GREYSTONE TERRACE ATHENS GA 30606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCEY, SUSAN 408 CHEYENNE DRIVE LAKE WORTH FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, PHILIP H 11382 PROSPERITY FARMS RD STE 227 NORTH PALM BEACH FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, CURT 222 US HWY 1 SUITE 216 TEQUESTA FL 33469	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, NANCY P.O. BOX 14190 N/A GAINESVILLE FL 32604-2190	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Regina A. McDowell 2805-D322 NW 83rd Street Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Francisco, Curt 2141 S. Alt A-1-A; Ste. 400 Jupiter, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan D/Chancey, Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date Daytime Phone #

CR2E037 (9/99)