2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90073 041 ****61.25

DOCUMENT # N97000003708

1. Entity Name

MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDAT

Principal Place of Business	Mailing Address
2805 -D322 NW 83RD STREET GAINESVILLE FL 32-6069	P O BOX 6228 LAKE WORTH FL 33466 US

00021810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8100 NW 27th Blvd.	
Suite, Apt. #, etc. Lake House D; Apt. D-322	Suite, Apt. #, etc.
City & State Gainesville, FL	City & State
Zip / Country 32606 / USA	Zip / Country

4. FEI Number 65-0785518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Regina A. McDowell Lake House D; #D-322 8100 NW 27 Blvd, Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANCE, SUSAN 429 GREYSTONE TERRACE ATHENS GA 30606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANCEY, SUSAN 408 CHEYENNE DRIVE LAKE WORTH FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORBES, PHILIP H 11382 PROSPERITY FARMS RD STE 227 NORTH PALM BEACH FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCISCO, CURT 2141 S ALT A1A STE 400 JUPITER FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, NANCY P.O. BOX 14190 N/A GAINESVILLE FL 32604-2190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nancy Griffin 5116 SW 94th Street Gainesville, FL 32608-4177	☒ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Susan D. Chancey, Secretary/Treasurer 2/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #