

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90422 002 \*\*\*\*61.25

0081417

**DOCUMENT # N97000003708**

1. Entity Name

**MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDAT  
ION, INC.**



Principal Place of Business

**8100 N.W. 27TH BLVD.  
LAKE HOUSE D - AOT D-322  
GAINESVILLE FL 32606  
US**

Mailing Address

**P O BOX 6228  
LAKE WORTH FL 33466  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0785518**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>PD MCDOWELL, REGINA A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>8100 NW 27TH BLVD #D-322 GAINESVILLE FL 32606</b>	
TITLE NAME	<b>D VANCE, SUSAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>429 GREYSTONE TERRACE ATHENS GA 30606</b>	
TITLE NAME	<b>D CHANCEY, SUSAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>408 CHEYENNE DRIVE LAKE WORTH FL 33462</b>	
TITLE NAME	<b>D FORBES, PHILIP H</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11382 PROSPERITY FARMS RD STE 227 NORTH PALM BEACH FL 33410</b>	
TITLE NAME	<b>D FRANCISCO, CURT</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2141 S ALT A1A STE 400 JUPITER FL 33477</b>	
TITLE NAME	<b>D GRIFFIN, NANCY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>5116 SW 94TH STREET GAINESVILLE FL 32608-4177</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Matthew M. and Regina A. McDowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/03*

CR2E037 (10/02)