

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002482

1. Entity Name
THE CATHERINE SCRIPPS RODRIGUEZ FAMILY FOUNDATIO

FILED

00 OCT -6 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business LINDA FRANCISOVICH, V.P. US TRUST COMPANY 114 W 47 STREET NEW YORK NY 10036	Mailing Address LINDA FRANCISOVICH, V.P. US TRUST COMPANY 114 W 47 STREET NEW YORK NY 10036
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0831285	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FORBES, PHILIP H
C/O BUTZEL LONG, SUITE 411
1200 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33432**

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.

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

**FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCRIPPS RODRIGUEZ, CATHERINE C/O BUTZEL LONG, SUITE 411 BOCA RATON FL 33432	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOUD, SAMANTHA C C/O BUTZEL LONG, SUITE 411 BOCA RATON FL 33432	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUD, SHAWN M. C/O BUTZEL LONG, SUITE 411 BOCA RATON FL 33432	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ISMAEL C/O BUTZEL LONG, SUITE 411 BOCA RATON FL 33432	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 *[Signature]* **8/28/00** Date Daytime Phone #

CR2E037 (5/00)