

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90768 034 \*\*\*\*61.25

0334970

**DOCUMENT # N98000005794**

1. Entity Name

**MARSHALL E. RINKER, SR. FOUNDATION, INC.**



Principal Place of Business

**310 OKEECHOBEE BLVD.  
SUITE 100  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**310 OKEECHOBEE BLVD.  
SUITE 100  
WEST PALM BEACH FL 33401  
US**

**60017816**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0871532**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**BREMER, PAUL C  
310 OKEECHOBEE BLVD  
SUITE 100  
WEST PALM BEACH FL 33401**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **RINKER, DAVID B**  
STREET ADDRESS **310 OKEECHOBEE BLVD., SUITE 100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **RINKER, LEIGHAN R**  
STREET ADDRESS **310 OKEECHOBEE BLVD., SUITE 100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **BREMER, PAUL C**  
STREET ADDRESS **310 OKEECHOBEE BLVD, SUITE 100**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **CRISER, MARSHALL M**  
STREET ADDRESS **50 NORTH LAURA STREET, #3300**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **JOHNSON, RICHARD S**  
STREET ADDRESS **505 S FLAGLER DRIVE STE 1010**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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: **SIGNATURE REQUIRED** David B. Rinker 4/10/03 (561) 835-9200

CR2E037 (10/02)