2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # N9900001375 **Secretary of State** 1. Entity Name 02-07-2001 90130 041 ****61.25 THE CARLOTA BUSCH WEBSTER FOUNDATION, INC. Principal Place of Business Maiting Address C/O DANIEL A. HANLEY, ESQ. C/O DANIEL A. HANLEY, ESQ. 63724 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST 777 SOUTH FLAGLER DRIVE. SUITE 500 EAST WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0903440 Not Applicable Zip\; Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST **WEST PALM BEACH FL 33401** Zip Code FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Addition ☐ Delete Change NAME WEBSTER, CARLOTA B NAME STREET ADDRESS STREET ADDRESS 280 VILA MARILA CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-7IP ۷Ď ☐ Addition Delete Change NAME BUHL, KAREN F NAME STREET ADORESS 401 OAKLAWN STREET ADDRESS CITY-ST-7P CITY-ST-7IP SOUTH PASADENA CA 91030 SD Delete TITLE Change Addition O'KANE, KATHLEEN F NAME STREET ADDRESS 3185 NORTH MORENGO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTADENA CA 91011 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLANIGAN, MICHAEL M NAME STREET ADDRESS 10437 CEMENT HILL ROAD STREET ADDRESS CITY-ST-ZIP **NEVADA CITY CA 95959** CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Channe ☐ Addition NAME HANLEY, DANIEL A NAME STREET ADDRESS 777 S FLAGLER DRIVE SUITE 500 E STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. (561)650-0531 SIGNATURE REQUIRED SIGNATURE: