

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003915

1. Entity Name

THE BOONE DARDEN FOUNDATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90042 014 ****61.25

Principal Place of Business

901 5TH STREET
WEST PALM BEACH FL 33401

Mailing Address

901 5TH STREET
WEST PALM BEACH FL 33401-4148

2. Principal Place of Business

901 5th St

3. Mailing Address

901 5th St

Suite, Apt. #, etc.

West Palm Beach (Apt 2)

Suite, Apt. #, etc.

Apt 2

City & State

West Palm Bch, Fla

City & State

West Palm Bch, Fla

Zip
33401

Country
P.B.

Zip
33401

Country
P.B.

4. FEI Number

65-0748715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, BILL
901 5TH STREET
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

None

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

William J. Owens

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/00

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

TITLE PD ☐ Delete
NAME OWENS, WILLIAM
STREET ADDRESS 901 54 ST.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ Delete
NAME MARSHALL-SMITH, CAROL N
STREET ADDRESS 717 45TH ST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T ☐ Delete
NAME SAGO, HAROLD
STREET ADDRESS 901 5TH ST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD ☐ Delete
NAME WALKER, ANN
STREET ADDRESS 4706 AUSTRALIN MANGO
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William J. Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)