2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F93000003459 1. Entity Name THE PURCELL FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 14155 U. S. HIGHWAY ONE 14155 U. S. HIGHWAY ONE STE. 310 STE. 310

Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90267 038 ****61.25

| JUNO BEACH FL 33408 US | | | JUNO BEACH FL 33408 US | | | 88121 88121 8848 | F 14111 B188 2 1 | | | |
|--|------------------|---|------------------------------|------------------------------|--|------------------------|-------------------------|---------------------------------------|---|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE | E IN THIS SP | ACE | | |
| City & State | · | | City & State | | 4. FEI Number | 16-1425579 | | | olied For Applicable | |
| Zip | Country | | Zip | Country | 5. Certificate o | | | | .75 Additional | |
| 6. Name and Address of Current Re | | | egistered Agent | | 7. Name and A | ddress of New Re | gistered Ag | ent | • | |
| | | | | Name | | | <i>x</i> | · · · · · · · · · · · · · · · · · · · | | |
| PURCELL, JOHN R 14155 U.S. HWY. ONE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| STE. 310 JUNO BCI | H FL 3340 | 8 | | City | | | FL | Zip Code |) | |
| 8. The above | named entit | y submits this statement for t | he purpose of changing its | registered office or re | egistered agent, or both | , in the state of Flor | ida. | ٠ | | |
| SIGNATURE _ | | | | | | | | ··· | | |
| | Signature, typed | for printed name of registered agent an | d title if applicable. (NOTE | : Registered Agent signature | required when reinstating) | | DATE | | | |
| FILE NOW: FEE IS \$61.25 | | | | | \$5.00 May Be Added to Fees | | | | : | |
| 10. | | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHA | NGES TO OFFICER | RS AND DIRE | CTORS IN | 10 | |
| TITLE | VTD | | ☐ Delete | TITLE | , 1351110110, 01111 | | | ☐ Change | Addition | |
| NAME | | ., Sheryl i | L_1 Delete | NAME | | | | Grange | ☐ ∨ngilioli | |
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| NAME | MARTIN, | CANDY | □ Delete | | * = | 1 6000 | | Change | Addition | |
| STREET ADDRESS | | S HWY ONE STE 310 | | STREET ADDRESS | FRONCZEWSK | ", 2440Å | | | | |
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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.

SGNAJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: