2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91354 016 ****61.25

DOCUMENT # N00000003274

1. Entity Name

CALEB HOUSE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1006 LANDINGS BLVD. WEST PALM BEACH FL 33414	1006 LANDINGS BLVD. WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7801 Red River Rd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
W.P. Beach	City & State
Zip: 33411 Country: USA	Zip: Country: U.S.A.

4. FEI Number 65-0998014 ☐ Applied For ☐ Not Applicable

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
GARRICK, EARL T 1006 LANDINGS BLVD. WEST PALM BEACH FL 33414	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 _____
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 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRICK, EARL T 1006 LANDINGS BLVD. WEST PALM BEACH FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7801 Red River Dr. W P Beach. Fla 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRICK, PHYLISS E 1006 LANDINGS BLVD. WEST PALM BEACH FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENLASON, JOHN D 432 BLACK BEAR COVE CLYDE NC 28721 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FENLASON, SUZANNE M 432 BLACK BEAR COVE CLYDE NC 28721 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TABER, GERALD 7515 WEST LAKE DR. LAKE CLARK SHORES FL 33406 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 11/7/01 561 242 4952