

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91162 020 ****61.25

DOCUMENT # N01000000700
 1. Entity Name
THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address
BANK OF AMERICA CENTER SUITE 4200 **BANK OF AMERICA CENTER SUITE 4200**
50 NORTH LAURA STREET **50 NORTH LAURA STREET**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
630 FIFTH AVE
 City & State City & State
NEW YORK NY

Zip Country Zip Country
10111 USA

4. FEI Number Applied For
59-3701678 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RICE, C. DANIEL
BANK OF AMERICA CENTER SUITE 3300
50 NORTH LAURA STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	RICE, CHARLES E	
STREET ADDRESS	50 N LAURA ST SUITE 4200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, DIANNE T	
STREET ADDRESS	50 N LAURA ST SUITE 4200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, C. DANIEL T	
STREET ADDRESS	50 N LAURA ST SUITE 3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, JULIE F	
STREET ADDRESS	50 N LAURA ST SUITE 3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, JOHN F	
STREET ADDRESS	50 N LAURA ST SUITE 4200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, CELESTE RICE	
STREET ADDRESS	50 N LAURA ST SUITE 4200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELE D RICE	
STREET ADDRESS	50 N LAURA ST SUITE 4200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **BESSEMER TRUST CO NA AS AGENT** **4/29/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)