

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90905 003 ****62.00

DOCUMENT # **N96 000003915** ✓
1. Entity Name
The Boone DARDen Foundation, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>428 N. Wood RD</i> Suite, Apt. #, etc. <i>Suite #3</i>		3. Mailing Address <i>428 N. Wood RD</i> Suite, Apt. #, etc. <i>West Palm Bch</i>	
City & State <i>West Palm Bch, Fla</i>		City & State <i>FLORIDA</i>	
Zip <i>33407</i>	Country <i>P.R.T.</i>	Zip <i>33407</i>	Country <i>Palm Beach</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0748715</i>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name *William E Owens*

Street Address (P.O. Box Number is Not Acceptable)
428 North Wood RD

City *West Palm Bch* **FL** Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 E Owens (BIN Owens)* *5/17/0002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Owens, William</i> <i>428 N. Wood RD</i> <i>West Palm Beach Fla 33407</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MARSHALL-Smith CAROL N</i> <i>717 45th ST</i> <i>West Palm Beach, Fla. 33407</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SA90, HAROLD</i> <i>901 54th</i> <i>West Palm Bch Fla 33401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>WALKER, ANN</i> <i>4706 AUSTRALIAN MARGO</i> <i>West Palm Bch Fla 33407</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William E Owens*

5/19/0002

CR2E037B (12/01)