

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000700

Entity Name: THE DIANNE T. AND CHARLES E. RICE FAMILY FOUNDATION, INC.**FILED**
Jan 13, 2021
Secretary of State
8399653630CC**Current Principal Place of Business:**BESSEMER TR CO OF FLORIDA
801 BRICKELL AVE
MIAMI, FL 33131**Current Mailing Address:**C/O BESSEMER TRUST CO
630 FIFTH AVENUE
NEW YORK, NY 10111 US**FEI Number: 59-3701678****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICE, C. DANIEL
BESSEMER TR CO OF FLORIDA
801 BRICKELL AVE
MIAMI, FL 33131 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GREEN, CELESTE R
Address C/O BESSEMER TRUST CO OF FLORIDA
801 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

Title D
Name RICE, DIANNE T
Address C/O BESSEMER TRUST CO OF FLORIDA
801 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

Title D
Name RICE, CHARLES DANIEL
Address C/O BESSEMER TRUST CO OF FLORIDA
801 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

Title D
Name RICE, JULIE F
Address C/O BESSEMER TRUST CO OF FLORIDA
801 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

Title D
Name MITCHELL, THOMAS RICE
Address C/O BESSEMER TRUST CO OF FLORIDA
801 BRICKELL AVE
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CELESTE GREEN**CEO/DIRECTOR****01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date