

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000012102

**Entity Name:** CAMILLA AND EARL MCGRATH FOUNDATION, INC.

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC9962859371**

**Current Principal Place of Business:**

C/O CAMILLO RICORDI  
550 BAY POINT ROAD  
MIAMI, FL 33137

**Current Mailing Address:**

C/O CAMILLO RICORDI  
550 BAY POINT ROAD  
MIAMI, FL 33137 US

**FEI Number: 81-4762082**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RICORDI, CAMILLO  
550 BAY POINT ROAD  
MIAMI, FL 33137 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 RICORDI, CAMILLO  
Address 550 BAY POINT ROAD  
City-State-Zip: MIAMI FL 33137

Title D  
Name FORD, WILLARD  
Address 5278 COLLEGE VIEW  
City-State-Zip: LOS ANGELES CA 90041

Title D  
Name FORD, ELIEL  
Address 407 WEST RUSTIC ROAD  
City-State-Zip: SANTA MONICA CA 90402

Title D  
Name SAMPAS, GEORGE  
Address C/O SULLIVAN & CROMWELL LLP 125 BROAD ST  
City-State-Zip: NEW YORK NY 10004-2498

*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: CAMILLO RICORDI**

**D**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date