

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.**Current Principal Place of Business:**809 BOLLING AVENUE
UNIT C
CHARLOTTESVILLE, VA 22902**Current Mailing Address:**809 BOLLING AVENUE UNIT C
CHARLOTTESVILLE, VA 22902 US**FEI Number:** 54-1854752**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**D'ANGIO, ROBERT A JR.
8720 WELLINGTON VIEW DRIVE
WEST PALM BEACH, FL 33411 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:** ROBERT A. D'ANGIO, JR.

04/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name O'BRIEN, KEVIN A
Address 704 LOCUST AVENUE
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR
Name FERNANDEZ, FREDRICO
Address 3301 PONCE DE LEON BLVD, SUITE 200
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name AIXALA DAWSON, MARI
Address 5786 LA SIERRA DRIVE
City-State-Zip: SANTA ROSA CA 95409

Title DIRECTOR
Name O'BRIEN, ROBERT
Address 500 COURT SQUARE
APT. 704
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR
Name CASALS, BEATRIZ
Address 44872 RIVERMONT TERRACE
APT. 105
City-State-Zip: ASHBURN VA 20147

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: KEVIN A. O'BRIEN

DIRECTOR

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date