2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00

FILED
Apr 26, 2000 8:00 am
Secretary of State
03-04-2000 90088 004 ****61.25

DOCUMENT # 702306

1. Entity Name

DR. JOHN T. MACDONALD FOUNDATION, INC.

Principal Place of Business	Mailing Address
1550 MADRUGA AVE SUITE 215 CORAL GABLES FL 33146 US	1550 MADRUGA AVE SUITE 215 CORAL GABLES FL 33146-3017 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0818918 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREIER, ROBERT G., ESQUIRE 2800 PONCE DE LEON BLVD STE 1125 CORAL GABLES FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M YARBROUGH, LOUISE P 1550 MADRUGA AVE SUITE 215 CORAL GABLES FL	☒ Delete	(D) GREENE, KIM 1550 MADRUGA AVENUE, SUITE 215 CORAL GABLES, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HUNTER, CAROLINE B MD 1150CAMPO SAND AVE #400 CORAL GABLES FL	☒ Delete	(D) George A. Tarshakover M.D.V 7000 SW 62 Ave. Ste 810 Miami, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC BREIER, ROBERT G., ESQ 2800 PONCE DE LEON BLVD STE 1125 CORAL GABLES FL 33134	☒ Delete	(D) MEKRAS, GEORGE D., M.D. 7051 S. W. 62 Avenue Miami, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BATTEN, JEAN 1213 WAREHAM CT CHARLOTTE NC 28207	☒ Delete	(D) Margaret C. Stamenof C.F.P. 6755 SW 84th Terrace Miami, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Sign Here [signature] SIGNATURE REQUIRED 2/18/00 305 667-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #