2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Zip

SUITE 225

1550 MADRUGA AVENUE

CORAL GABLES FL 33146

Suite, Apt. #, etc

DOCUMENT # 713899

1. Entity Name

SHITE 225

Principal Place of Business 1550 MADRUGA AVENUE

CORAL GABLES FL 33146

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

THE ETHEL AND W. GEORGE KENNEDY FAMILY FOUNDATIO

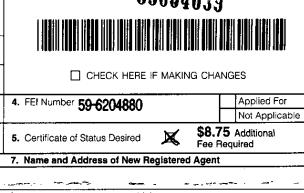
Country



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90202 001 ****61.25 01-31-2003 90202 002 *****8.75

55004039



Zip 6. Name and Address of Current Registered Agent KENNEDY-OLSEN, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVENUE SUITE 225 CORAL GABLES FL 33146 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. STD TITLE ☐ Delete TITLE Change Addition KENNEDY-OLSEN, KATHLEEN NAME NAME 1550 MADRUGA AVENUE, #225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HERTERICH, KARYN KENNEDY NAME NAME 1550 MADRUGA AVENUE, #225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Delete Addition TITLE TITLE ☐ Change KENNEDY, KIMBERLY NAME NAME 1500 MADRUGA AVENUE, #225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition TITLE ☐ Delete TITLE Kennedy, Kendel NAME NAME STREET ADDRESS 1550 MADRUGA AVENUE, #225 STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS

Country

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 of 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.

CITY-ST-ZIP

SIGNATURE:

27-03 (305,666,6286