FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am **DOCUMENT # 726777 Secretary of State** 1. Entity Name EDYTH BUSH CHARITABLE FOUNDATION, INC. 03-21-2001 90050 042 ****61.25 Principal Place of Business Mailing Address 199 E. WELBOURNE AV. 199 E. WELBOURNE AV. 601019 P.O. BOX 1967 P.C. BOX 1967 WINTER PARK FL 32790-1967 WINTER PARK FL 32790-1967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7318041 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ODAHOWSKI, DAVID A 199 E WELBOURNE AVE WINTER PARK FL 32789 Zin 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition D TITLE Delete TITLE BELLOFF, MARY. GRETCHEN NAME NAME Lord, John STREET ADDRESS 4234 AVERY ST STREET ADDRESS 1672 Joeline Court CITY-ST-ZIP CITY-ST-ZIP DETROIT MI Winter Park, FL 32789 TITLE Delete TITLE ☐ Change X Addition Waggoner, Robert HOLM, HERBERT W NAME NAME 1269 SERENA DR STREET ADDRESS 110 Spring Valley Loop Altamonte Springs, FL STREET ADDRESS CITY:ST-ZIP ---CITY-ST-ZIR-327.14 WINTER PARK FL ☐ Change Addition Delete TITLE TITLE NAME ODAHOWSKI, DAVID A NAME Ruffier, Joan STREET ADDRESS STREET ADDRESS 345 PRAIRIE DUNE WAY 722 Alba Drive Orlando, FL 32804 CITY- ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE TITLE Change Addition BELLOFF, FREDERICK M NAME NAME STREET ADDRESS 4234 AVER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETROIT MI TITLE **⊠** Delete TITLE Chance Addition HILLBRICH, GERALD F NAME NAME STREET ADDRESS 107 AMBERWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD CT TITLE Delete TITLE Change ☐ Addition LEE, H. CLIFFORD NAME NAME STREET ADDRESS STREET ADDRESS 700 MELROSE DR., APT A24 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 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

QCL COLADOAVIGEA. Odahowski, Pres. 3/1/01 407/647-4322 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.