## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 21, 2000 8:00 am Secretary of State **DOCUMENT # 755032** 1. Entity Name C. ROBERT MARKHAM FOUNDATION, INC. 07-21-2000 90159 016 \*\*\*\*61.25 Mailing Address Principal Place of Business 5242 REDWOOD PLACE 5242 REDWOOD PLACE PLANTATION FL 33317-1944 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2082553 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAYNE, JOHN H., ATTORNEY AT LAW ONE N UNIVERSITY DRIVE A-111 Zip Code PLANTATION FL 33324 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. JOHN H. PAYNE, ATTORNEY AT LAW JULY 6, 2000 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 \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITI F Delete TITLE XXX VICE PRESIDENT NAME NAME WOOD, GAYLORD A JR STREET ADDRESS STREET ADDRESS 304 S W 12TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE Change ☐ Addition ☐ Delete TITLE PRESIDENT NAME NAME MARKHAM, MADOLYN STREET ADDRESS STREET ADDRESS 5242 REDWOOD PLACE CITY-ST-ZIP CITY-ST-7IP PLANTATION FL Addition ☐ Change Delete TITLE **BO**X-SEC/TREASURER NAME MARKHAM, SHARON R NAME STREET ADDRESS STREET ADDRESS 58 CAYUGA RD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE BD NAME NAME MARKHAM, JAMES R STREET ADDRESS STREET ADDRESS 58 CAYUGA ROAD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 6,2000

954-463-4040

Daytime Phone #