2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003648

FILED Mar 14, 2003 Secretary of State

Entity Name: THE HEDGES FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
801 LAUREL OAK DRIVE FIFTH FLOOR NAPLES, FL 34108		SUITE 202	2640 GOLDEN GATE PARKWAY SUITE 202 NAPLES, FL 34105	
Current Mailing Address:		New Mailing Add	New Mailing Address:	
801 LAUR FIFTH FLO NAPLES,			2640 GOLDEN GA SUITE 202 NAPLES, FL 3410	
FEI Number	: 65-0626753	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	l Address of Cu	rrent Registered Agent:	Name and Addre	ss of New Registered Agent:
PRICE, MA 801 LAUR	ARK JESQ.			
FIFTH FLO				
FIFTH FLO NAPLES, The above	DOR FL 34108 US	bmits this statement for the	purpose of changing its regis	stered office or registered agent, or both,
FIFTH FLO NAPLES, The above	DOR FL 34108 US named entity su e of Florida.	bmits this statement for the	purpose of changing its regis	stered office or registered agent, or both,
FIFTH FLO NAPLES, The above in the State	DOR FL 34108 US named entity su e of Florida. RE:	bmits this statement for the signature of Registered Ag		stered office or registered agent, or both, Date
FIFTH FLONAPLES, The above in the State	DOR FL 34108 US named entity su e of Florida. RE:	Signature of Registered Ag	ent	
FIFTH FLONAPLES, The above in the State	OOR FL 34108 US e named entity su e of Florida. RE: Electronic	Signature of Registered Ag ORS: elete R IV RLES DRIVE	ent	Date
FIFTH FLONAPLES, The above in the State SIGNATUI OFFICER Title: Name: Address:	POOR FL 34108 US Inamed entity su of Florida. RE: Electronic S AND DIRECTO DP () D HEDGES, JAMES 3055 FORT CHAR	Signature of Registered Ag DRS: elete R IV RLES DRIVE 02 elete // RLES DRIVE	ent ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES R HEDGES, IV DP 03/14/2003