

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90007 006 ****61.25

44004200



01092004 Chg-NP CR2E037 (10/03)

4. FEI Number
31-1698286

Applied For
Not Applicable

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

DOCUMENT # F02000001334

1. Entity Name
THE BEVERIDGE FAMILY FOUNDATION, INC.



Principal Place of Business
301 YAMATO ROAD, SUITE 1130
BOCA RATON, FL 33431

Mailing Address
301 YAMATO ROAD, SUITE 1130
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASWELL, PHILIP
301 YAMATO ROAD, SUITE 1130
BOCA RATON, FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME CASWELL, PHILIP ☐ Delete
STREET ADDRESS 301 YAMATO ROAD, SUITE 1130
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAC
NAME CASWELL, WARD S. ☐ Delete
STREET ADDRESS 335 BROOKLINE STREET
CITY-ST-ZIP NEEDHAM, MA 02492

TITLE DC ☒ Change ☐ Addition
NAME CASWELL, WARD S.
STREET ADDRESS 335 BROOKLINE STREET
CITY-ST-ZIP NEEDHAM, MA 02492

TITLE D
NAME IAN CAMPBELL PALMER ☐ Delete
STREET ADDRESS 125 ISLAND DRIVE
CITY-ST-ZIP MIDDLETOWN, RI 02842

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☒ Delete
NAME WOODS, DAVID F
STREET ADDRESS 1500 MAIN STREET, SUITE 604
CITY-ST-ZIP SPRINGFIELD, MA 01115

TITLE DAC ☐ Change ☒ Addition
NAME GRIGGS, ALFRED L.
STREET ADDRESS 9 BARRETT PLACE
CITY-ST-ZIP NORTHAMPTON, MA 01060-2103

TITLE T
NAME LENHART, CAROLE S. ☐ Delete
STREET ADDRESS 3610 JOE SANCHEZ ROAD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Philip Caswell, President

1-13-04 561-241-8388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #