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

## Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # **F93000003559** 01-27-2003 90519 023 \*\*\*\*61.25 JOSEPH D. HARNETT FOUNDATION, CORP. Principal Place of Business Mailing Address JUULLDAD 4400 PGA BOULEVARD, SUITE 400 4400 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 34-1532957 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, BECKY B Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS FL 33410 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 FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME HARNETT, JOSEPH D NAME STREET ADDRESS 11090 TURTLE BEACH ROAD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP ☐ Delete Change Addition TITLE HARNETT, NANCY B NAME 11090 TURTLE BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL ☐ Change Addition □ Delete HARNETT, GORDON D NAME NAME STREET ADDRESS 3650 GREENWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEPPER PIKE OH ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

I hereby certify that the information supplied with this filling 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-ZIP

ephD. Harnett 1/24/03 561-622-5163

FILED