2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # **F94000003932** THE ALLEN AND SUZAN FOX FAMILY FOUNDATION CORPOR 03-28-2000 90052 026 ****61.25 Principal Place of Business Mailing Address 173 COMMODORE DRIVE 173 COMMODORE DRIVE JUPITER FL 33477-4007 JUPITER FL 33477 C0046673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0483479 Not Applicable Country \$8.75 Additional 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) FOX. ALLEN K 173 COMMODORE DRIVE JUPITER FL 33477 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ۱10. 11. ☐ Delete TITLE ☐ Addition TITLE NAME NAME FOX. ALLEN K STREET ADDRESS STREET ADDRESS 173 COMMODORE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Jupiter Fl</u> ☐ Change ☐ Addition TITI F TD Delete TITLE NAME FOX, ALLEN K NAME STREET ADDRESS STREET ADDRESS 173 COMMODORE DRIVE CITY-ST-ZIP CITY-ST-ZIP Jupiter FL TITLE ☐ Delete TITLE Change Addition SD NAME FOX, SUZAN'Y NAME STREET ADDRESS STREET ADDRESS 173 COMMODORE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Jupiter Fl</u> ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE . 3. NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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Daytime Phone #