FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am DOCUMENT # N0000001344 **Secretary of State** 1. Entity Name 07-10-2001 90126 038 ****61.25 THE SISSER FAMILY FOUNDATION, INC. Mailing Address Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 1200 2665 SOUTH BAYSHORE DRIVE SUITE 1200 60072763 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 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) A Z REGISTERED AGENT CORPORATION 2601 S BAYSHORE DRIVE SUITE 1600 MIAM! FL 33133 Zip Code City 8. The powe named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ್ಷ ರಜ್ಞ ಇತ್ತಿಗಳು ಬ್ರಾಹಾರ್ಡ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE SISSER, ERIC R MAKE NAME 1880 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **COCONUT GROVE FL 33133** ☐ Addition ☐ Change Delete TITLE TITLE SISSER, FREDERICK P NAME STREET ADDRESS STREET ADDRESS **6616 EL MONTE** CITY-ST-ZIP CITY_ST_ZIP_ PRAIRE VILLAGE KA 66208 ☐ Addition ☐ Change Delete TITLE TITLE SISSER, ELLYN S NAME NAME 325 SOUTH SIERRE AVENUE #50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOLANA BEACH CA 92075 Change Addition TITLE ☐ Delete TITLE SISSER, CAMERON E NAME NAME 1880 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **COCONUT GROVE FL 33133** DST ☐ Change ☐ Addition ☐ Delete TITLE TITLE ABBOTT, ELIOT NAME NAME STREET ADDRESS 641 NORTH GREENWAY DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP Delete TITLE Change Addition TITLE MADORSKY, MARSHA NAME 2000 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** 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 entrustee 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:

Secon Whatelunes

7-6201

305-285-9331