

**2002 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90149 014 \*\*\*\*61.25

**DOCUMENT #** NO000000002832 ✓  
1. Entity Name  
THE WILLIAM AND PAULA ROGERS FOUNDATION, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 17441 S.E. Conch Bar Ave Suite, Apt. #, etc.	3. Mailing Address 17441 S.E. Conch Bar Ave Suite, Apt. #, etc.
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**DO NOT WRITE IN THIS SPACE**

City & State Tequesta, FL Zip 33469	Country USA	City & State Tequesta, FL Zip 33469	Country USA	4. FEI Number 65-1041678	Applied For Not Applicable
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**DO NOT WRITE IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name  
Rogers, William F Jr  
Street Address (P.O. Box Number is Not Acceptable)  
17441 S.E. Conch Bar Ave  
City  
Tequesta **FL** Zip Code  
33469

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25 Initial or Amended UBR</b>	9. Election Campaign Financing Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rogers, William F Jr 17441 S.E. Conch Bar Ave Tequesta FL 33469	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rogers, Paula T 17441 S.E. Conch Bar Ave Tequesta FL 33469	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Harrison, Lisa 17441 S.E. Conch Bar Ave Tequesta FL 33469	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: William F. Rogers Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # 561 745-2118

CR2E037B (12/01)