2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am § Secretary of State DOCUMENT # N00000005151 1. Entity Name MICHAELS FAMILY FOUNDATION OF VIRGINIA. INC. 03-12-2001 90451 010 ****61.25 Principal Place of Business Mailing Address 4501 TAMIAMI TRAIL NORTH SUITE 300 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3662847 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NAPLES-LAWDOCK, INC. C/O QUALRES & BRADY LLP 4501 TAMIAMI TRAIL NORTH SUITE 300 City NAPLES FL 34103 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT TITLE TITI F Addition EWIS N MICHAELS 10512 WICKENS ROAD ☐ Delete Director, President NAME NAME Lewis N. Michaels STREET ADDRESS STREET ADDRESS 10512 Wickens Road~ ULENNA, VA 22181 CITY-ST-ZIP CITY-ST-ZIP <u>Vienna. VA 22181</u> DIRECTOR, VICE PRESIDENT Belete PAMELA MICHAELS TITLE TITLE Change Addition Director, Vice President Pamela Michaels NAME NAME 10512 WICKENS ROAD STREET ADDRESS STREET ADDRESS 10512 Wickens Road CITY-ST-7IP VIENNA, VA 22181 CITY-\$T-ZIP Vienna, VA 22181 TITLE DIRECTOR) TREA SURER Delete TITLE Addition Director, Treasurer ☐ Change THEODORE MICHAELS 10512 WICKENS ROAD NAME NAME Theodore Michaels STREET ADDRESS STREET ADDRESS 10512 Wickens Road CITY-ST-ZIP LIETUNA, UA 22/8/ CITY-ST-ZIP Vienna, VA 22181 DIRECTOR, SECRETARIXELED STEVEN MICHAELS 10512 WICKENS ROAD TITLE TITLE Change Addition Director, Secretary Steven Michaels NAME NAME STREET ADDRESS STREET ADDRESS 10512 Wickens Road CITY-ST-ZIP CITY-ST-ZIP UIENNA, UA Vienna, VA 22181 TITLE TITLE Change □ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP