2001 UNIFORM BUSINESS REPORT (UBR)

Aug 13, 2001 8:00 am Secretary of State DOCUMENT # N00000006941 1. Entity Name 04-25-2001 90189 009 ****70.00 THE GREENHUT FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 23 SOUTH A STREET 23 SOUTH A STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 5 678756 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional K 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) GREENHUT, DUDLEY H 23 SOUTH A STREET PENSACOLA FL 32501 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. SIGNATURE (NOTE: Registered Agent signs 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5,00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change Addition TITLE Dudley H. U ☐ Delete TITLE tresident NAMÉ NAME Greenhood STREET ADORESS STREET ADDRESS Street CMY-ST-ZIP CITY-ST-ZIP Pensacola ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME Connie Greenhoot STREET ADDRESS STREET ADDRESS A" Street CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Change ☐ Addition TITLE TITLE Pytha berry NAME NAME n Pu Pu STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 cath; 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 attagfinent with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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