

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90240 017 \*\*\*\*61.25

**DOCUMENT # NO1000004737**

1. Entity Name

**O'DONNELL FAMILY FOUNDATION INC.**



Principal Place of Business

**12896 LAROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410**

Mailing Address

**12896 LAROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**431 N. Lyra Circle**

3. Mailing Address

**431 N. Lyra Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Juno Beach, FL**

City & State

**Juno Beach, FL**

Zip

**33408**

Country

**PB**

Zip

**33408**

Country **USA**

**PB**

4. FEI Number **65-1118686**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**O'DONNELL, MERRY T  
12896 LAROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **O'Donnell, Merry T.**

Street Address (P.O. Box Number is Not Acceptable)

**431 N. Lyra Circle**

City **Juno Beach**

**FL**

Zip Code

**33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D,P** ☐ Delete  
NAME **O'DONNELL, MERRY T**  
STREET ADDRESS **12896 LAROCHELLE CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D,T** ☐ Delete  
NAME **O'DONNELL, AMY**  
STREET ADDRESS **180 STILL HILL ROAD**  
CITY-ST-ZIP **HAMDEN CT 06518**

TITLE **D,VP** ☐ Delete  
NAME **O'DONNELL, ISOBEL T**  
STREET ADDRESS **820 MORTON ROAD**  
CITY-ST-ZIP **BRYN MAWR PA 19010**

TITLE **D** ☐ Delete  
NAME **O'DONNELL, JOHN J R.**  
STREET ADDRESS **1006 CLINTON STREET**  
CITY-ST-ZIP **PHILADELPHIA PA 19106**

TITLE **D** ☒ Delete  
NAME **O'DONNELL, ISOBEL T**  
STREET ADDRESS **820 MORTON ROAD**  
CITY-ST-ZIP **BRYN MAWR PA 19010**

TITLE **D** ☐ Delete  
NAME **O'DONNELL, GEOFFREY P**  
STREET ADDRESS **3426 SHADOWALK DRIVE**  
CITY-ST-ZIP **HOUSTON TX 77082**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D,P** ☒ Change ☐ Addition  
NAME **O'Donnell Merry T.**  
STREET ADDRESS **431 N. Lyra Circle**  
CITY-ST-ZIP **Juno Beach FL 33408**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE: X MERRY T. O'DONNELL Jan. 14, 03 561-630-3830**

CR2E037 (10/02)