

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

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

0013916

**DOCUMENT # N01000005690**

1. Entity Name

**WALTER C. PRICE FAMILY FOUNDATION, INC.**



07-28-2003 90150 045 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br><b>150 LAKE MIRROR DR<br/>LAKE PLACID FL 33852</b> | Mailing Address<br><b>150 LAKE MIRROR DR<br/>LAKE PLACID FL 33852</b> |
|---|---|



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |  |  |                |
|--------------------------------|---------|---------------------|---------|--|--|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-1139254</b>  |  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                |
| Zip                            | Country | Zip                 | Country |  |  |                |

|  |  |  |  |  |  |  |  |           |          |
|--|--|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent                                  |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |          |
| <b>BARNHILL, L. EDGAR III ESQ<br/>5301 N FEDERAL HWY<br/>BOCA RATON FL 33487</b> |  |  |  | Name   |  |  |  |           |          |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |          |
|  |  |  |  | City   |  |  |  | <b>FL</b> | 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. 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**  
**After September 10, 2003, min will be \$236.25**

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 |                                |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                 |                                   |
|----------------------------|--------------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | <b>PT</b>                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>PRICE, JANET A</b>          |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>150 LAKE MIRROR DR</b>      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>LAKE PLACID FL 33852</b>    |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>VPT</b>                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>PRICE, WILLIAM W</b>        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>1750 GLENN PINE LANE</b>    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>BOYNTON BEACH FL 33436</b>  |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>T</b>                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>PRICE, WALTER C JR</b>      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>4115 HAPPY VALLEY RD</b>    |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>LAFAYETTE CA 94549-2410</b> |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                                |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                                | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                                |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                                |                                 |  | 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 REQUIRED**

*Janet A. Price*

**7-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-13-03** 8:17

CR2E037 (4/03)