2002 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2002 8:00 am Secretary of State DOCUMENT # N0100008713 04-29-2002 90080 038 \*\*\*\*61.25 THE JEFFREY DOUGLAS ROBERTI FOUNDATION, INC. Principal Place of Business Mailing Address 5379 OCEAN BLVD. 5379 OCEAN BLVD. SARASOTA FL 34242 SARASOTA FL 34242 ひひゅつしょ 24. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7892 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, H. GREG Street Address (P.O. Box Number is Not Acceptable) 2014 4TH ST. SARASOTA FL 34237 City Zlp 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition 60/0 ROBERTI, JEFFREY DOUGLA NAME NAME 5379 OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition ROBERTI, JONATHAN NAME NAME STREET ADDRESS 5379 OCEAN BLVD. STREET ADDRESS CATY-ST-ZIP SARASOTA FL 34242 CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MYERS, ALICE MARIE --NAME -NAME .; STREET ADDRESS 5379 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition HESTER, GORDON D NAME NAME STREET ADDRESS 5379 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LEE. H. GREG NAME STREET ADDRESS 2014 4TH ST. STREET ADORESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ 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. SKALLTEN 941-346-7300 SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 6