N 02000004405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Astructions to Filing Officer:
RECEI 02 001 30 7810h CF CEI TALLAHASSE

Office Use Only



500008570995

10/30/02-01026--002 **35.00

C. Coulliste OCT 3 0 2002



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 30, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Dwyer Family Foundation Inc.				
Filing Evidence ▶ Plain/Confirmation Copy		· · · ·	<u>—Type of Document</u> □ Certificate of Status	
□ Certified Copy		□ Certificate of Good Standing		
		□ Articles Only		
Retrieval Request Photocopy Certified Copy		□ All Charter Docu Articles & Amen □ Fictitious Name (□ Other	dments	
NEW FILINGS		AMENDMENTS		
Profit		Amendment		
Non Profit		Resignation of RA Officer/Director		
Limited Liability	x	Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Fi this statement of change is submitted for a corporation organized under the laws of the S	•
Florida in order to change its registered office or registered agent, or bo	oth, in the State
of Florida. 1. The name of the corporation: Dwyer Family Foundation, Inc.	
The name of the corporation: 2. The principal office address: 2100 Electronics Lane, Ft. Myers, FL 33912	ALL.
D. The practipal entire database.	
3. The mailing address (if different):	30 AM
4. Date of incorporation/qualification: June 7, 2002	0000 AM05 O
5. The name and street address of the current registered agent and registered office on file Florida Department of State:	e with the
NRAI Services, Inc.	
526 E. Park Avenue	
Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or regis changed): Gene R. Solomon	stered office (if
1342 Colonial Boulevard, Suite 11 (P.O. Box or personal mailbox NOT acceptable)	
Ft. Myers, FL 33907	
The street address of its registered office and the street address of the business office of agent, as changed will be identical.	f its registered
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	an officer so
James A. Dwyer, Jr., President	<u></u>
Signature of an officer, claims of vice chairman of the board) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and coperformance of my duties, and I am familiar with and accept the obligation of my positive registered agent. Or, if this document is being filed merely to reflect a change in the respiratory of the composition has been notified in writing of this confidence.	omplete ion as egistered s change.
(Signature of Registered Agent) (Date)	 _
f signing on behalf of an entity: GENE SOLOMON Tes.	
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *