

FILED

Apr 07, 2003 8:00 am
Secretary of State

03-26-2003 90155 038 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N02000009842**

1. Entity Name

ALEX AND ROXANNA BOOTH FOUNDATION, INC.



Principal Place of Business

2001 SAILFISH PT BLVD APT 316
STUART FL 34996

Mailing Address

2001 SAILFISH PT BLVD APT 316
STUART FL 34996

2. Principal Place of Business

2001 Sailfish Pt Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4230772

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAUN, KEITH B
222 LAKEVIEW AVE STE 950
W PALM BCH FL 33401

Name

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

City

FL

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

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 ☒ President ☐ Delete
NAME Alex Booth
STREET ADDRESS 2001 Sailfish Pt Blvd APT 316
CITY-ST-ZIP Stuart Florida 34996TITLE ☒ Secretary/Treasurer ☐ Delete
NAME Christa Weiss
STREET ADDRESS 3541 NE Ocean Ave apt 15
CITY-ST-ZIP Jensen Beach Fla 34957TITLE ☒ Director ☐ Delete
NAME Teena Jones
STREET ADDRESS 2311 SW Essex Ct
CITY-ST-ZIP Palm City Fl 34970TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Booth

3/2/03

Date

Daytime Phone #

CR2E037 (10/02)