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

## FILED Jun 09, 2003 8:00 am Secretary of State

DOCUMENT # N0200009898 ( )								04-30-2003 90320 047 ****61.25						
1. Entity Name THE PHARIS DUFFEY FAMILY FOUNDATION, INC.														
Principal Place of Business Mailing Address								]	4400	2050	)			
4400 INDÉPENDENCE COURT 4400 INDÉPENDENCE COUR SARASOTA FL 34234 SARASOTA FL 34234								44003658						
2. Principal Place of Business 3. Mailing				ailing Address					روزان مروزان روزان در	o Lectural strat	one ta alia di salah salah Marajarah salah	State Phil Garage		
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 92-0180773				Applied For Not Applicab	)le	
Zip Country				Zip Cou				5. Certificate of Status Desired S8.75 Addition Fee Required  7. Name and Address of New Registered Agent					_	
	and Address of Current	<del></del>	Name.			<del></del>	egistered	Agent						
DIERR, KENNETH D 240 SOUTH PINEAPPILE AVENUE						Street Address (P.O. Box Number is Not Acceptable)								
10TH FLOOR							240	SOUTH PIN	EAPPLE AV	ENUE			$\exists$	
SARASOTA FL 34238						City		<del></del>	<del></del>	FL	Zip Co	de	٦	
		submits this statement for	r the purp	ose of changing its r	egistere	ed office o	r register	ed agent, or both,	in the State of Flo	rida. 1 am	familiar with	, and accep	ī (	
the obligations of registered agent.														
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A							ture required	when reinstating)	<del></del>	DATE				
						. sub sec		<u>-</u>				<del></del>	-	
FILE NOW: FEE IS \$61.25			·····	9. Election Campai				\$5.00 May Be Added to Fees			k Payable tment of			
10. OFFICERS AND DIRECTORS				<del></del>	11.	Arathew See Off		ADDITIONS/CHAN	GES TO OFFICE	RS AND DI	RECTORS II	N 10	_ ا	
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12. I hereby of indicated of the corporated	12. I hereby certify that the information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental apport 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 of fusion appoints the exemption as required by Chapter 617. Florida Statutes, and that I am an officer or director of the corporation or the receiver of fusion appoint of the receiver of fusion and the property of the corporation or the receiver of fusion and the property of the corporation of the corporation of the corporation of the receiver of fusion and the property of the corporation of the corporation of the corporation of the receiver of fusion and the property of the corporation of th													
changed, or on an attachment with address, with all other like amounted.  SIGNATURE: SIGNATURE REQUIRED SAMUEL S. DUFFEY 4/29/03 (941) 954-4536														
		SIGNATURE AND TYPED OR PR	INTED HAME	OF SIGNONO OFFICER OR	DIRECTO	R			Date	De	ytime Phone #		1	