2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/9

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-09-2004 90042 038 ****61.25

66417461

02132004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000011012

1. Entity Name
THE ROBERT MUIR FAMILY FOUNDATION, INC.

Principal Place of Business
850 NE 5 AVE
BOCA RATON, FL 33432

Mailing Address
850 NE 5 AVE
BOCA RATON, FL 33432

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
20-0531069
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PILOTTE, FRANK T
340 ROYAL PALM WAY STE 100
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUIR, ROBERT	NAME	
STREET ADDRESS	850 NE 5 AVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUIR, ROBIN	NAME	
STREET ADDRESS	850 NE 5 AVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PILOTTE, FRANK	NAME	
STREET ADDRESS	340 ROYAL PALM WAY STE 100	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33432	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ 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.

SIGNATURE: _____ 4/5/04 561-392-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #