2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000011012

1. Entity Name

THE ROBERT MUIR FAMILY FOUNDATION, INC.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

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	7. Name and Address of New Registered Agent
PILOTTE, FRANK T 340 ROYAL PALM WAY STE 100 PALM BEACH FL 33480	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 accep 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 Due By May 1, 2006

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 NAME MUIR, ROBERT STREET ADDRESS 850 NE 5 AVE CITY-ST-ZIP BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000454844 03/15/06-80031-017 61.25
TITLE D NAME MUIR, ROBIN STREET ADDRESS 850 NE 5 AVE CITY-ST-ZIP BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PILOTTE, FRANK STREET ADDRESS 340 ROYAL PALM WAY STE 100 CITY-ST-ZIP PALM BEACH FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 directo 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 1 if changed, or on an attachment with an address, with all other like empowered.