

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

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



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MUIR, ROBERT
STREET ADDRESS 850 NE 5 AVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME MUIR, ROBIN
STREET ADDRESS 850 NE 5 AVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D
NAME PILOTTE, FRANK
STREET ADDRESS 340 ROYAL PALM WAY STE 100
CITY-ST-ZIP PALM BEACH, FL 33432

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000580439
01/10/07-80047-023 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/07

Date

561-392-7777

Daytime Phone #