2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90003 011 ****61.25

0002145

DOCUMENT # N05945

1. Entity Name

COBB FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~2333 PONCE DE LEON BLVD.~~ ~~PH 1111~~ CORAL GABLES FL 33134	~~2333 PONCE DE LEON BLVD.~~ ~~PH 1111~~ CORAL GABLES FL 33134

947840

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
255 Aragon Ave	255 Aragon Ave
Suite, Apt. #, etc.: Suite 333	Suite, Apt. #, etc.: Suite 333
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl.
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 59-2477459 ☐ 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
COBB JR., CHARLES E. ~~2333 PONCE DE LEON BLVD.~~ ~~PENTHOUSE 1111~~ CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable): 255 Aragon Ave Suite 333 City: Coral Gables FL Zip Code: 33134

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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COBB, CHARLES E JR 8 TAHITI BEACH ISLAND RD CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS COBB, SUE 8 TAHITI BEACH ISLAND RD CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COBB, TOBIN T 8 TAHITI BEACH ISLAND RD CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COBB, CHRISTIAN M 8 TAHITI BEACH ISLAND RD CORAL GABLES FL	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 4/2/01 (305)441-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #