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Apr 29, 2003 8:00 am
Secretary of State
04-16-2003 90121 028 ****70.00

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

DOCUMENT # N11680

1. Entity Name
JOHN H. AND LUCILE HARRIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
550 PORT O CALL WAY NAPLES FL 34102 US	550 PORT O CALL WAY SUITE 502 NAPLES FL 34102 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
909 10th Street South	909 10th Street South
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.: Suite 105
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102-8210 Country: USA	Zip: 34102-8210 Country: USA

4. FEI Number 59-2600172 ☐ 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
HARRIS, JOHN H 550 PORT O CALL WAY NAPLES FL 34102	Name Street Address (P.O. Box Number is Not Acceptable): 909 10th Street South, Suite 105 City: Naples **FL** Zip Code: 34102-8210

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)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HARRIS, JOHN H 550 PORT O CALL WAY NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D 909 10th Street South, Suite 105 Naples, FL 34102-8210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRIS, LUCILE H 550 PORT O CALL WAY NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, JOHN H II 901 46 ST MOLINE IL 61265	☒ 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	SD Kathy Harris Wolfe 14940 Benson Heights Place Bow, Washington 98232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Celia Harris Tuttle 6255 N. Zorrela Segunda Tucson, Arizona 85718	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Scott Harris 4718 Villa Mare Naples, Florida 34103	☐ Change ☒ Addition

CR2E037 (10/02)

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: John H. Harris JOHN H. HARRIS III John H. Harris 4/14/03 239-649-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #