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

DOCUMENT # N12123

1. Entity Name

B & R FOUNDATION, INC.



Mailing Address Principal Place of Business 90010718 8231 BAY COLONY DR 8231 BAY COLONY DR #804 #R04 NAPLES FL 34108 NAPLES FL 34108 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2684856 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition ☐ Delete TITLE TITLE NAME HOLMES, G. BURTT NAME 8231 BAY COLONY DR. #804 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33963 TITLE ☐ Change Addition ☐ Delete TITLE HOLMES, RUTH W. NAME NAME STREET ADDRESS 8231 BAY COLONY DR. #804 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33963 ☐ Change ☐ Addition TITI F ☐ Delete DILE HOLMES, RUTH W. NAME NAME 8231 BAY COLONY DR #804 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITI F TITLE HOLMES, RICHARD B. NAME NAME STREET ADDRESS STREET ADDRESS 2 REMINGTON CT. CITY-ST-ZIP CITY-ST-ZIP **DERRY NH 03038** ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOLMES, DAVID A. NAME NAME STREET ADDRESS STREET ADDRESS 9 PRESTWICK DRIVE CITY-ST-ZIP CITY-ST-ZIP HOPKINTON MA TITLE ☐ Delete TITLE Addition NAME NAME

FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90198 033 ****61.25

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 Holmes (239)

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP