2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # N17908** 1. Entity Name SPEN FAMILY FOUNDATION, INC. 04-20-2000 90017 018 ****61.25 Principal Place of Business Mailing Address 46 N. WASHINGTON BLVD 46 N. WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236-5928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2742185 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) BROWNING, GEORGE, III 46 N. WASHINGTON BLVD., #27 SARASOTA FL 34236 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 8. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Change ☐ Addition ☐ Delete TITLE RODEHEFFER, MADELEINE S NAME NAME STREET ADDRESS 10530 SE 250TH PL, #J105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KENT WA 98031 Delete ☐ Change ☐ Addition TITLE TITLE HERRON, WILLIAM CPA NAME NAME STREET ADDRESS STREET ADDRESS 5590 BEE RIDGE RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete Change ☐ Addition VD. TITLE TITLE GOLDBERG, PAUL NAME NAME 6813 MAURLEEN RD. STREET ADDRESS STREET ADDRESS 7970 GARDEN DRIVE N. BALTIMORE, MD 21209 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 Change ☐ Addition SD ☐ Delete TITLE TITLE BARNUM, SAMUEL 3087 ASCOT COURT BARNUM, SAMEIL NAME NAME STREET ADDRESS STREET ADDRESS 225 2ND AVE CITY-ST-ZIP CITY-ST-ZIP **DECATUR GA 30030** Delete ☐ Addition TITLE ☐ Change YOUNG, HANOCH NAME NAME STREET ADDRESS STREET ADDRESS 61 E 8TH ST, SUITE 111 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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