2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
02-01-2000 90073 038 ****61.25

DOCUMENT # N29808

1. Entity Name

THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O GULF STREAM LUMBER COMPANY 1415 SOUTH FEDERAL HWY BOYNTON BEACH FL 33435-6003	C/O GULF STREAM LUMBER COMPANY 1415 SOUTH FEDERAL HWY BOYNTON BEACH FL 33435-6003

911863

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0101433 ☐ 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
VLASSIS, DENNIS K 1415 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435-6003	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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	CD GRAVES, HAROLD E. JR. 1743 BROOKWOOD DR. AKRON OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VLASSIS, MARGOT GRAVES 8525 BONITA ISLE LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6019 N. OCEAN BLVD. OCEAN RIDGE, FL 33435-5207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VLASSIS, DENNIS 8525 BONITA ISLE LAKE WORTH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6019 N. OCEAN BLVD. OCEAN RIDGE, FL 33435-5207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'NEILL, PAMELA, GRAVES 1246 DEARBORN DR AKRON OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GRAVES, S KEITH 404 CRYSTAL LAKE RD AKRON OH	☐ 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

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.

THE H.E. GRAVES, JR. FAMILY FOUNDATION, INC.

SIGNATURE: ⊗ H. E. Graves Jr. Chairman of the Board 1-26-00 (330) 666-1115
H. E. Graves Jr. Chairman of the Board
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OR DESIGNATION — Date — Daytime Phone #

SIGNATURE REQUIRED