

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 034 ****61.25

DOCUMENT # N29808

1. Entity Name

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



Principal Place of Business

**C/O GULF STREAM LUMBER COMPANY
1415 SOUTH FEDERAL HWY
BOYNTON BEACH FL 33435-6003**

Mailing Address

**C/O GULF STREAM LUMBER COMPANY
1415 SOUTH FEDERAL HWY
BOYNTON BEACH FL 33435-6003**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VLASSIS, MARGOT GRAVES**
STREET ADDRESS **6019 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435-5207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VLASSIS, DENNIS**
STREET ADDRESS **6019 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL 33435-5207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **O'NEILL, PAMELA, GRAVES**
STREET ADDRESS **1246 DEARBORN DR**
CITY-ST-ZIP **AKRON OH 44313-6722**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSD** ☐ Delete
NAME **GRAVES, S KEITH**
STREET ADDRESS **404 CRYSTAL LAKE RD**
CITY-ST-ZIP **AKRON OH 44333-1712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

CR2E037 (10/02)