

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90134 001 ****61.25
 08-22-2000 90134 002 ****8.75

19875

DO NOT WRITE IN THIS SPACE

DOCUMENT # N33369
1. Entity Name
 THE SAINT LUCIA ISLAND FOUNDATION, INC.

Principal Place of Business 9500 W. Bay Harbor Dr.
 Apt. 4A
 Miami, FL 33154
Mailing Address Same

2. Principal Place of Business 9500 W. Bay Harbor Dr.
 Suite, Apt. #, etc. 4A
 City & State Miami, FL
 Zip 33154 Country USA
3. Mailing Address same
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Dennis P. Kendrick, President
 St. Lucia Island Foundation, Inc.
 9500 W. Bay Harbor Dr., 4A
 Miami, FL 33154

7. Name and Address of New Registered Agent
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dennis P. Kendrick 9500 W. Bay Harbor Dr., 4A Miami, FL 33154 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Shields F. McManus, Esq. 3716 SW Brassie Way Palm City, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Archbishop Kelvin Felix Archdiocese of Castries St. Lucia, West Indies ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Emily John, Ph.D. 505 Sheridan St., #3E Evanston, IL 60202 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5910 SE Forest Glade Trail Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.

SIGNATURE: Dennis P. Kendrick 8/18/00 864-1803 305

CR2E037 (9/99)