2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N37889 Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** DON SHULA FOUNDATION, INC. 07-21-2000 90152 012 ****61.25 Principal Place of Business Mailing Address % CHARLES O. MORGAN, JR. % CHARLES O. MORGAN. JR. 1300 N.W. 167TH ST. 1300 N.W. 167TH ST. MIAMI FL 33169 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0192721 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORGAN, CHARLES O JR 1300 N.W. 167TH ST **MIAMI FL 33169** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete HORTON, LAURA M. NAME NAME 1300 N.W. 167TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change ☐ Addition TITLE ☐ Delete TITLE STANTON, WILLIAM NAME NAME STREET ADDRESS EVERGLADES HOUSE 1402 2000 S. OCEAN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 TITLE EDT ☐ Delete TITLE ☐ Change ☐ Addition MORGAN, CHARLES O JR NAME NAME STREET ADDRESS 1300 N.W. 167TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** Π ☐ Delete Change ☐ Addition TITLE HOGUE, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS **5811 KENTUCKY DERBY** CiTY-ST-ZIP **AUSTIN TX** CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE SHULA, DONALD F NAME NAME STREET ADDRESS 16 INDIAN CREEK ISLAND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Addition ☐ Delete TITLE TITLE SHULA, MICHAEL NAME NAME SHULA, MICHAEL STREET ADDRESS TAMPA BAY BUCCANEERS 242 BRAXTON WAY STREET ADDRESS 7500 SW 30 STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL DAVIE FL 33314 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 received 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR