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

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90104 002 ****61.25

DOCUMENT # N37907

1. Entity Name
CORAL GABLES COMMUNITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
285 ARAGON AVENUE CORAL GABLES FL 33134 US	1825 PONCE DE LEON BLVD 447 CORAL GABLES FL 33134-418 US

☑ CHECK HERE IF MAKING CHANGES

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 65-0208290 ☐ 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
LOCKWOOD, KEVIN J 220 MIRACLE MILE SUITE 224 STE. 224 CORAL GABLES FL 33134	Name GLORIA A. BURNS Street Address (P.O. Box Number is Not Acceptable) 1825 PONCE DE LEON BOULEVARD SUITE 447 City CORAL GABLES FL Zip Code 33134

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 Gloria A. Burns GLORIA A. BURNS 1/23/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP YOUNG, MARY 1115 COUNTRY CLUB PRADO CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP D/ Immed. Past Chair Young, Mary D. 1115 Country Club Prado Coral Gables, FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GIUFFRIDA, FRANCIS J 800 VALENCIA AVENUE CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Langston, Henry O. 3523 Loquat Avenue Coconut Grove, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOLLERE, BEN 808 ALMERIA CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GUILFORD, FRANK Z 2222 PONCE DE LEON BLVD CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Woodbridge, Yolanda 8700 SW 133rd Avenue #419 Miami, FL 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BURNS, GLORIA A 1825 PONCE DE LEON BLVD., STE. 447 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COOKSON, J. THOMAS 645 SIERRA CIRCLE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Gloria A. Burns GLORIA A. BURNS Exec Director 1/23/03 305 446-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #