2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N46495** Feb 05, 2002 8:00 am 1. Entity Name Secretary of State THE SCOTT FAMILY FOUNDATION, INC. 02-05-2002 90131 015 ****61.25 Mailing Address Principal Place of Business PO BOX 61179 182 ALEXANDER PALM RD DURHAM NC 27715 **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business 251 Coconus Palm DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0300419 Raton Not Applicable Boca Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33432 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable SCOTT, STEVEN M. **182 ALEXANDER PALM RD BOCA RATON FL 33432** Zip Code 33432 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SCOTT Steven M 251 Coconut Palm Rd. **Change** ☐ Addition TITLE ☐ Delete TITLE SCOTT, STEVEN M NAME NAME 17020 BROOKWOOD DR STREET ADDRESS STREET ADDRESS Boca Raton, FL 33432 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Scott Rebecca 251 Coconut Palmrd. TITLE TITLE ☐ Delete SCOTT, REBECCA J. NAME NAME 17020 BROOKWOOD DR STREET ADDRESS STREET ADDRESS Boca Raton, FL 33432 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Scott Steven Robert 2853 Silas Ridge Rd. ☐ Delete TITLE TITLE SCOTT, STEVEN ROBERT NAME NAME 17020 BROOKWOOD DR STREET ADDRESS STREET ADDRESS Winston Salem, MC 27106 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition Delete TITLE Scott Chase Martin 13603 Wellcrest SCOTT, CHASE MARTIN NAME NAME 17020 BROOKWOOD DR STREET ADDRESS STREET ADDRESS San Antonio, TX 78232 **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME

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 attachmen with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Scott MD

919-383-0355