2003 NOT-FOR-PROFIT CORPORATION

Jan 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9200000652 01-21-2003 90059 040 ****61.25 BAILEY FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 1285 LITTLE HARBOR LANE 1285 LITTLE HARBOR LANE 90007160 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3154364 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 1285 LITTLE HARBOR LANE VERO BEACH FL 32963 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAILEY, STEPHEN M NAME STREET ADDRESS 1285 LITTLE HARBOR LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAILEY, LUCIA H NAME STREET ADDRESS 1285 LITTLE HARBOR LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ٧Ŋ TITLE ☐ Delete TITLE ☐ Change ☐ Addition/ BAILEY, BLYTHE L NAME NAME, STREET ADDRESS 1285 LITTLE HARBOR LANE STREET ADDRESS CITY-ST-7IP vero beach fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

Elstephen M. Bailey

☐ Delete

Change

Addition

CR2E037

FILED