

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90112 014 ****61.25

DOCUMENT # N93000001697

1. Entity Name

**THE CRAIG AND FLORI ROBERTS FAMILY FOUNDATION, I
NC.**



Principal Place of Business

**1241 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

Mailing Address

**1241 GULF OF MEXICO DRIVE
SUITE 801
LONGBOAT KEY FL 34228
US**

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 **65-0402203**

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

**ROBERTS, N. CRAIG
1241 GULF OF MEXICO DRIVE
SUITE 801
LONGBOAT KEY FL 34228**

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. 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)

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 **DPT** ☐ Delete
NAME **ROBERTS, N. CRAIG**
STREET ADDRESS **1211 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVS** ☐ Delete
NAME **ROBERTS, FLORENCE**
STREET ADDRESS **1211 GULF OF MEXICO DR.**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROBERTS, BRUCE**
STREET ADDRESS **9 SURREY LANE**
CITY-ST-ZIP **W. DEAL NJ 07712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROBERTS, DOUGLAS**
STREET ADDRESS **406 CHANNEL DR.**
CITY-ST-ZIP **MONMOUTH BEACH NJ 07750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Florence Roberts

3/20/03

941-383-3555

CR2E037 (10/02)