

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90108 045 ****61.25

DOCUMENT # N93000003235

1. Entity Name

THE PEARL BARLOW FOUNDATION, INC.

Principal Place of Business

Mailing Address

340 ROYAL PALM WAY
 STE 100
 PALM BEACH FL 33480
 US

340 ROYAL PALM WAY
 STE 100
 PALM BEACH FL 33480
 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

65-0428322

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PILOTTE, FRANK T JR~~
MURPHY, REID, PILOTTE, ORD & AUSTIN
340 ROYAL PALM WAY, SUITE 100
PALM BEACH FL 33480

Name
Eugene W. Murphy, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
Murphy, Reid, Pilotte, Ord & Austin
100 Royal Palm Way, Suite 100
 City
Palm Beach **FL** Zip Code
33480

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

Eugene W. Murphy, Jr.

1-23-02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOW, PEARL	
STREET ADDRESS	6480 COMMON CIRCLE 2-203	
CITY-ST-ZIP	WEST PALM BEACH FL 33417-4271	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICK, JAMES	
STREET ADDRESS	50C COCONUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, EUGENE W JR	
STREET ADDRESS	340 ROYAL PALM WAY, SUITE 100	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eugene W. Murphy, Jr.

1-23-02

(561) 655-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)