2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90256 014 ****70.00

DOCUMENT # N93000005668

1. Entity Name

JOHN S. AND JAMES L. KNIGHT FOUNDATION, INC.

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER, SUITE 3800 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1803 6	ONE BISCAYNE TOWER, SUITE 3800 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131-1806 6

DO NOT WRITE IN THIS SPACE

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 65-0464177 ☐ 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
MCPHEE, PENELOPE L. 1 BISCAYNE TOWER, SUITE 3800 2 S. BISCAYNE BLVD. MIAMI FL 33131-1803	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.

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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HILLS, LEE ONE HERALD PLAZA MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T Crowe, Timothy J. 2 S. Biscayne Blvd., Suite 3800 Miami, FL 33131-1803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD AUSTIN, W G MD 32 FRUIT STREET BOSTON MA 02114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Austin, W G MD 55 Fruit Street Boston, MA 02114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, CREED C TWO S.BISCAYNE BLVD.,SUITE 3800 MIAMI FL 33131-1803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S McPhee, Penelope L. Two S. Biscayne Blvd., Suite 3800 Miami, FL 33131-1803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLS, LEE ONE HERALD PLAZA MIAMI FL 33132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chapman, Alvah H. One Herald Plaza Miami, FL 33132	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEFFERN, GORDON E 2 BRATENAHL PLACE BRATENAHL OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Heffern, Gordon E 2 Bratenahl Place, Unit 11E Bratenahl, OH	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARTER, WILLIAM H III 2 S BISCAYNE BLVD #3800 MIAMI FL 33131-1803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Carter III, Hodding 2 S. Biscayne Blvd., Suite 3800 Miami, FL 33131-1803	☒ Change ☐ Addition

SEE ATTACHMENT TO CR2E037 (9/99)

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: SIGNATURE VP & CFO 4/27/00 (305) 908-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #