

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 23, 2000 8:00 am
Secretary of State

04-12-2000 90086 030 ****61.25

DOCUMENT # N94000004406

1. Entity Name

THE MARGARET AND GERRIT BAKER PRIVATE FOUNDATION

Principal Place of Business

Mailing Address

% BRIAN G. CAVELL
 400 E. PALMETTO PARK RD.
 BOCA RATON FL 33432

% BRIAN G. CAVELL
 400 E. PALMETTO PARK RD.
 BOCA RATON FL 33432-5065

2. Principal Place of Business

3. Mailing Address

9 E. Royal Palm Way

Same

Suite, Apt. #, etc.

Same

9206

City & State

Boca RATON, FL

City & State

Same

Zip

33432

Country

PALM Beach

Zip

Same

Country

Same



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0519042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J
 7777 GLADES RD.
 SUITE 200
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, is Not Acceptable)

2385 EXECUTIVE CENTER DRIVE

250

City

Boca RATON

FL

Zip Code

33431

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	CAVELL, BRIAN G.	400 E. PALMETTO PARK RD-	BOCA RATON FL	<input type="checkbox"/>
VD	BAKER, MARGARET R.	350 S. OCEAN BLVD., APT 12D	BOCA RATON FL	<input checked="" type="checkbox"/>
STD	BAKER, GERRIT H.	350 S. OCEAN BLVD., APT.12D	BOCA RATON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1808 Ox Bottom Lane	Tallahassee, FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	Steven J. Asarch	2385 Executive Center Drive, # 250	Boca-Raton, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Darcy Cavell	1808 Ox Bottom Lane	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)