2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N94000004519 Aug 15, 2000 8:00 am Secretary of State 1. Entity Name THE MARGARET JO BAKER PRIVATE FOUNDATION, INC. 08-15-2000 90002 036 ****61.25 03-20-2000 90110 050 ****61.25 Principal Place of Business Mailing Address % BRIAN G. CAVELL % BRIAN G. CAVELL 490 E. PALMETTO PARK RD. 490 E. PALMETTO PARK RD-BOCA RATON PL-99432 BOGA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc. # 9206 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0523838 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ASARCH, STEVEN J -7777 GLADES RD. -SUITE 200--BOCA RATON FL 33434 Imiter his statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity su SIGNATURE ered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PCD** TITLE ☐ Delete TITLE Change BRIAN G. CAVELL NAME NAMÉ 1808 ox Bottom Lane STREET ADDRESS STREET ADDRESS 490 E. PALMETTO PARK RD. Tallahassee, FL 32312 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** VSD Steven J. Asarch ☐ Change Addition TITLE TITLE MARGARET R. BAKER NAME NAME 2385 Executive Center Dr. #250 STREET ADDRESS STREET ADDRESS 350 S. OCEAN BLVD., APT. 12D ora Raton, FL 33431 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Addition STD Delete TIT! F TITLE ☐ Change Darcy Cavell 1808 0x Bottom Lane GERRIT H. BAKER NAME NAME STREET ADDRESS STREET ADDRESS 350 S. OCEAN BLVD., APT. 12D CITY-ST-ZIP CITY-ST-7IP Tallahassee, FL **BOCA RATON FL** Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee impowered 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 w

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR