2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N94000004519 1. Entity Name THE MARGARET JO BAKER PRIVATE FOUNDATION, INC. 02-28-2001 90132 030 ****61.25 Mailing Address Principal Place of Business O E ROYAL PALM WAY 9 E ROYAL PALM-WAY #9200 #none ROCA RATON FL 99492 BOOA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Brian G. Brian DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number ~ 65-0523838 Not Applicable \$8.75 Additional ĬŽŠA 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O. Box Number is Not Acceptable) W. Corporate ASARCH, STEVEN J 2885 EXECUTIVE CENTER DR 1900 NW Corporate Blud East SUITE 250 400 East **BOCA RATON FL 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE Delete TITLE PCD NAME NAME BRIAN G. CAVELL STREET ADDRESS STREET ADDRESS 400 E. PALMETTO PARK RD-CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ★ Addition TITLE **VD** Delete TITLE Barcy Cavell 1808 ox Bottom-Lave-Tallahassee, FL 323 NAME MARGARET R. BAKER NAME STREET ADDRESS 350'S."OCEAN'BLVD., APT. 12D ~ MORE CADORESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE Delete TITI É STD Steven J. Asarch 1900 NW Corporate Blyd. # 400 East NAME GERRIT H. BAKER NAME STREET ADORESS STREET ADDRESS 350 S. OCEAN BLVD., APT. 12D CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 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 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 er like empowered.

SIGNATURE: