

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000005970**

1. Entity Name

**THE SNOWDEN FOUNDATION, INCORPORATED****FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90032 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4080 IBIS POINT CIR  
BOCA RATON FL 334314080 IBIS POINT CIR  
BOCA RATON FL 33431-5239

L0040310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10613 CHARLESTON DRIVE

3. Mailing Address

10613 CHARLESTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

VERO BEACH, FL

City &amp; State

VERO BEACH, FL

4. FEI Number

65-0551914

Applied For

Not Applicable

Zip  
32963Country  
USAZip  
32963Country  
USA5. 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

SNOWDEN, DIANE P  
4080 IBIS POINT CIR  
BOCA RATON FL 33431Name  
SNOWDEN, DIANE P

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

10613 CHARLESTON DRIVE

City  
VERO BEACH

FL

Zip Code  
32963

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          | D                     | <input type="checkbox"/> Delete |
| NAME           | SNOWDEN, GUY B        |                                 |
| STREET ADDRESS | 4080 IBIS POINT CIR   |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33431   |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SNOWDEN, DIANE P      |                                 |
| STREET ADDRESS | 4080 IBIS POINT CIR   |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33431   |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | MALIKOW, LOUIS R      |                                 |
| STREET ADDRESS | 44 ROBINWOOD DR       |                                 |
| CITY-ST-ZIP    | CLIFTON PARK NY 12065 |                                 |
| 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"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SNOWDEN, GUY B         |  |
| STREET ADDRESS | 10613 CHARLESTON DRIVE |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32963   |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SNOWDEN, DIANE P.      |  |
| STREET ADDRESS | 10613 CHARLESTON DRIVE |  |
| CITY-ST-ZIP    | VERO BEACH, FL 32963   |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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            |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)