NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

'03 SEP -3 AM 11:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N95000001070 (0)

1. Entity Name

Buchholz Family Foundation, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 Alhambra Circle	150 Alhambra Circle
Suite, Apt. #, etc.: 825	Suite, Apt. #, etc.: 825
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 65-0640049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Earl H. Buchholz, III

Street Address (P.O. Box Number is Not Acceptable): 150 Alhambra Circle

Suite 825

City: Coral Gables FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Earl H. Buchholz, III 7/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Earl H. Buchholz, Jr. 125 Alhambra Cir; Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Clifford Buchholz 125 Alhambra Cir; Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director /Earl H. Buchholz, III 125 Alhambra Cir; Coral Gables, FL 33134
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10/02/03--01081--019 **315.00

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Earl H,. Buchholz, III Earl H. Buchholz, III 7/25/03 305-446-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #