FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am Secretary of State DOCUMENT # N95000002814 1. Entity Name 07-16-2002 90346 001 ****61.25 FRANK ROSOLINO MEMORIAL FUND, INC. Principal Place of Business Mailing Address 4607 CLEAR LAKE DR 4607 CLEAR LAKE DRIVE GAINESVILLE FL 32604 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3305804 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRISSOM, EUGENE E 4607 CLEAR LAKE DR GAINESVILLE FL 32607 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition GRISSOM, EUGENE E NAME NAME STREET ADDRESS STREET ADDRESS 4607 CLEAR LAKE DR CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete ☐ Change □ Addition TITLE TITLE HERWIG, CONRAD NAME NAME STREET ADDRESS 39 SHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BREWSTER NY=10509 ☐ Change ☐ Delete TITLE ☐ Addition TITLE GRISSOM, NANCY NAME NAME STREET ADDRESS 4607 CLEAR LAKE DR STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP gainesville FL 32607

12. I hereby certify that the information of the corporation or the rechanged, or on an attachme

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TITLE

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CITY-ST-ZIP

Mr. Eugene E. Grissom 4607 Clear Lake Drive Gainesville, FL 32607

'sualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am an officer or director oute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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July 6.02 352-372-1835

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