

2002 **NOT-FOR-PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002918
1. Entity Name
 COBB FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

824507

2. Principal Place of Business
 336 Coconut Palm Road
 Suite, Apt. #, etc.
 Boca Raton

3. Mailing Address
 336 Coconut Palm Road
 Suite, Apt. #, etc.
 Boca Raton, Florida
 Zip 33432 Country

4. FEI Number
 65-0593216
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
 Name: William C. Lewis, Jr.
 Street Address (P.O. Box Number is Not Acceptable):
 9350 S. Dixie Hwy., Suite 1550
 City: Miami FL Zip Code: 33156

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

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 Department of State

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,P Rhoda W. Cobb 336 Coconut Palm Road Boca Raton, Fl 33432 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DE Rhoda C. Ware PO Box 141686 Coral Gables, Fl 33114 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D,T,SS William Cobb 336 Coconut Palm Road Boca Raton, Fl 33432 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bradley Dean Cobb 230 Bellevue Ave. Haddonfield, NJ 08033 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rhoda W. Cobb Rhoda W. Cobb, President 2/9/02 305-670-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext. 280