FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 06, 2001 8:00 am Secretary of State DOCUMENT # N95000003570 1. Entity Name 08-01-2001 90198 001 \*\*\*\*70.00 THE KAIROS FOUNDATION, INC. Principal Place of Business Mailing Address 212 NORTH US HIGHWAY ONE 212 NORTH US HIGHWAY ONE SHITE 17 SHITE 17 TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address 900 E. Indiantown Rd. 900 E. Indiantour Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State City & State 4. FEI Number Applied For 65-0603981 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u> A</u>2N 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MURPHY, EUGENE W JR. 340 ROYAL PALM WAY, SUITE 100 PALM, BEACH FL 33480 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Addition NAME EATON, TIMOTHY J NAME 18349 S.B. Heritage Dr. STREET ADORESS STREET ADDRESS 212 NORTH U.S. HIGHWAY 1, STE 17 CR2E037 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME ABDELLA, LEO F STREET ADDRESS STREET ADDRESS 212 NORTH U.S. HIGHWAY 1, STE 17 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA-FL-33469 TITLE TITLE 🖊 Change Addition Delete NAME HODGE, BRUCE A NAME 336 Kingfisher br. 212 NORTH U.S. HIGHWAY 1, STE 17 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP TEQUESTA FL 33469 Director TITLE ☐ Defete TITLE NAME NAME bonald O. Young 325 Chapel Drive STREET ADDRESS STREET ADDRESS PO BOX 800777 CITY-ST-ZIP CITY-ST-ZIP GA TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SPANATAINE DEQUIREBRACE A. Hodge SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Affacknent 12033
The Kairos Foundation, Inc. 11/95000003500

900 East Indiantown Road, Suite 301 Jupiter, Florida 33477 USA 561-748-4550 phone / 561-745-0168 fax

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Reference Number N95000003570

Please find attached an updated annual report for The Kairos Foundation, Inc. showing an additional named director. If you have any further questions, please contact me at 561-748-4550.

Thank you.

Sincerely,

Bruce A. Hodge

Bruce A Hosge

Director