

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90098 002 ****61.25

DOCUMENT # N95000004625

1. Entity Name

RAYMOND AND MARIA FLOYD CHILDREN'S CHARITIES, IN C.



Principal Place of Business

**231 ROYAL PALM WAY
SUITE 120
PALM BEACH FL 33480
US**

Mailing Address

**231 ROYAL PALM WAY
SUITE 120
PALM BEACH FL 33480
US**

2. Principal Place of Business

10 Blossom Way

3. Mailing Address

10 Blossom Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

Zip

33480

Country

Zip

33480

Country

4. FEI Number **65-0615053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLOYD, MARIA K
231 ROYAL PALM WAY
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **Floyd Maria K.**

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

10 Blossom Way

City **Palm Beach**

FL

Zip Code

33480

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FLOYD, RAYMOND L**
STREET ADDRESS **231 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **FLOYD, MARIA K**
STREET ADDRESS **231 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **KOCHMAN, RON**
STREET ADDRESS **231 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Floyd, Raymond L.**
STREET ADDRESS **10 Blossom Way**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☒ Change ☐ Addition
NAME **Floyd, Maria**
STREET ADDRESS **10 Blossom Way**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☒ Change ☐ Addition
NAME **Kochman Ron**
STREET ADDRESS **222 Lake View Drive, Suite 950**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

1-30-03

CR2E037 (10/02)