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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am Secretary of State DOCUMENT # N9600002208 BLOGOSLAWSKI FAMILY FOUNDATION, INC. 01-24-2001 90007 049 ****61 25 Principal Place of Business Mailing Address POST OFFICE BOX 177 POST OFFICE BOX 177 VERO BEACH FL 32961 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0668962 Not Applicable Zip Country Źip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RIEF, FRANK J III 100 NORTH TAMPA STREET, SUITE 2800 TAMPA FL 33602-5126 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) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE Change BLAKE, WALTER D NAME 3 STARFISH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 37960 TITLE ☐ Delete TITLE Change ☐ Addition SULLIVAN, BRENDA L NAME NAME Sullivan, Brenda L .1165 SPRINGS FIREPLACE RD. STREET ADDRESS STREET ADDRESS P. O. Box 296 CITY-ST-ZIP EAST HAMPTON NY CITY-ST-ZIP Cromwell, Ct TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLOGOSLAWSKI, CHERYL S NAME NAME STREET ADDRESS 34 EDBERT DRIVE STREET ADDRESS CITY-ST-ZIP **NEW BRITAIN CT 06052** CITY-ST-ZIP Addition ☐ Delete TITI F ☐ Change TITLE Patricia Hoerle NAME NAME 34 Edbert Drive STREET ADDRESS STREET ADDRESS New Britain. Ct CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 stustee 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:

1/10/01 36/-178-1709

Date Descripto Phone #