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

FILED
Jun 02, 2002 8:00 am
Secretary of State
06-02-2002 90905 003 ****62.00

DOCUMENT # N96 00000 3915

1. Entity Name
THE BOONE DARDEN FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
428 N. WOOD RD	428 N. WOOD RD
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc. West Palm Bch
City & State West Palm Bch, Fla	City & State FLORIDA
Zip 33407 Country P.B.Co.	Zip 33407 Country Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0748715 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM E OWENS

~~Street Address (P.O. Box Number is Not Acceptable)~~
428 NORTH WOOD RD

City West Palm Bch **FL** 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.

SIGNATURE William E Owens (Bill Owens) 5/17/0002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	OWENS, William 428 N. Wood RD West Palm Beach Fla 33407	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARSHALL-Smith CAROL N 7174 45th ST West Palm Beach, Fla. 33407	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRAGO, HAROLD 901 54ST West Palm Bch Fla 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WALKER, ANN 4706 AUSTRALIAN, Mango West Palm Bch, Fla 33407	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: William E Owens 5/19/0002