2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # N96000004569 04-10-2000 90057 007 ****61.25 COURTNEY ANNE POSTMA MEMORIAL FOUNDATION, INC. Principal Place of Business Mailing Address 1535 S.E. 17TH STREET 1535 S.E. 17TH STREET いひひひひびませ SUITE 205 SUITE 205 FORT LAUDERDALE FL 33316-1737 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1482378 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POSTMA, HERBERT F JR. 1535 S.E. 17TH STREET SUITE 205 Zip Code City FORT LAUDERDALE FL 33316 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 (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE Delete TITLE 1535 SE 1714 Storet Suite 205 NAME POSTMA, HERBERT F JR NAME STREET ADDRESS STREET ADDRESS 272 KEY PALM CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition Change ☐ Delete TITLE NAME NAME POSTMA, JEAN M STREET ADDRESS STREET ADDRESS 272 KEY PALM CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE Delete NAME NAME POSTMA, TIFFANY M GE 17th Street Smile 2005 Laviderdale FL 3=316 STREET ADDRESS STREET ADDRESS 272 KEY PALM CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE TITLE NAME POSTMA, JONATHAN G NAME 35 SE 17th St., Sunte 2005 + Landerdole FL 33316 STREET ADDRESS 272 KEY PALM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED