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

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90175 001 ****61.25

DOCUMENT # N96000006435

1. Entity Name: The Suzanne E. Rice Foundation,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6161 N. Ocean Blvd	P.O. Box 280
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocean Ridge, FL.	City & State: Boynton Beach, FL
Zip: 33435 Country: US	Zip: 33425-0280 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0748824 ☐ 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: Katheryn M. Jakabcin

Street Address (P.O. Box Number is Not Acceptable): 104 1325 S. Congress Ave

City: Boynton Beach FL Zip Code: 33426

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: Suzanne E Rice — 4/16/02
Signature, type 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	
Dir. / Suzanne E. Rice / 6161 N. Ocean Ridge / Ocean Ridge, FL 33435	
/ Elke Falkenberg / 6161 N. Ocean Ridge / Ocean Ridge, FL. 33435	
/ Katheryn M. Jakabcin / 1325 S. Congress Ave #104 / Boynton Beach, FL 33426	DO NOT WRITE IN THIS SPACE

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: Suzanne E Rice — 4/16/02 — 561 738-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #