## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9700000878 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** TRIPP FAMILY FOUNDATION, INC. 01-27-2000 90112 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 110 SE 6TH ST 15TH FL 110 SE 6TH ST 15TH FL FORT LAUDERDALE FL 33301-5004 FORT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0730801 Not Applicable Zip 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) TRIPP, NORMAN D 110 SE 6TH ST 15TH FL FORT LAUDERDALE FL 33301 Zip Code City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Addition ☐ Delete ☐ Change TITLE **NORMAN D TRIPP** NAME NAME STREET ADDRESS 110 SE 6TH ST 15TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Addition ☐ Delete ☐ Change TITLE TITLE JANE G TRIPP NAME 110 SE 6TH ST 15TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change ☐ Delete Addition TITLE TITLE **CHRISTINE P YATES** NAME NAME STREET ADDRESS STREET ADDRESS 110 SE 6TH ST 15TH FL CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE TITLE JENNIFER E WILLIS NAME NAME STREET ADDRESS STREET ADDRESS 110 SE 6TH ST 15TH FL CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MICHAEL M TRIPP NAME NAME STREET ADDRESS STREET ADDRESS 110 SE 6TH ST 15TH FL CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change Addition ☐ Delete TITI F TITLE TRIPP, NORMAN S NAME NAME STREET ADDRESS STREET ADDRESS 110 SE 6TH ST, 15TH FL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #