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2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 10, 2003 8:00 am § Secretary of State DOCUMENT # N9700001411 1. Entity Name 01-10-2003 90090 036 ****61.25 BJ'S FOUNDATION, INC. Principal Place of Business Mailing Address 521 EAST LAS OLAS BLVD. 521 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0745280 Applied For Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMBLISS, LINDA Street Address (P.O. Box Number is Not Acceptable) 707 SE THIRD AVE. STE, 101 FORT LAUDERDALE FL \$3316 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition BUNTROCK, ELIZABETH H NAME NAME STREET ADDRESS 521 EAST LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIE FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME **BUNTROCK, CECILY** NAME STREET ADDRESS 521 EAST LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE BUNTROCK, DANA ☐ Change ☐ Addition NAME NAME STREET ADDRESS 1242 NO LAKESHORE DRIVE APT 17N STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60610 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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