FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N9700003151 1. Entity Name 04-22-2002 90141 003 ****61.25 THE DONNA L. GRIFFITH FOUNDATION, INC. Principal Place of Business Mailing Address 2400 E. COMMERCIAL BLVD., STE, 517 2400 E. COMMERCIAL BLVD., STE, 517 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0760456 Not Applicable Zip Country 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) BRINKLEY, MICHAEL 200 E. LAS OLAS BLVD., STE. 200 T. Lauderdale fl 33301 Zip Code 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 (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE ☐ Delete TITLE Young, ROBERTA N. 2400 E Commercial Blud GRIFFITH, DONNA L NAME NAME ste 517 3509 NW 61 CIR. STREET ADDRESS STREET ADDRESS Ft Lauderdale FL 33308 CITY-ST-ZIP **BOCA RATON FL 33496-4002** CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete MCGRATH ROBERT Edud. Ste DE MEO, ANTHONY NAME NAME 2400 E. COMMERCIAL BLVD., STE. 517 STREET ADDRESS STREET ADDRESS + Lauderdale 33308 FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE BRINKLEY, W. MICHAEL NAME NAME 200 E. LAS OLAS BLVD., STE. 1800 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 repeiver 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 attache ent with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Addition

Change