2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # N9700004871 **Secretary of State** 1. Entity Name THE MACDOUGALD FOUNDATION, INC. 01-12-2000 90029 050 ****61.25 Principal Place of Business Mailing Address 5776 WEST SHORE DRIVE 5776 WEST SHORE DRIVE NEW PORT RICHEY FL 33704-3815 NEW PORT RICHEY FL 34652 3. Mailing Address 2. Principal Place of Business DEIGHTWATERS DO NOT WRITE IN THIS SPACE City & State Str Fitus leury Zip Country 33704 USA St Reter leurn 4. FEI Number Applied For 59-3468929 Not A. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Street Address (P.O. Box Number is Not Acceptable) BRONSTEIN, JOEL D 150 SECOND AVE. NORTH STE: 1100 City ST PETERSBURG FL 33701 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITI F TITLE ☐ Delete 1721 Brightwaters Beld NE St Peterskung F1 33704 1721 Brightwaters Blod NE pt leters kung F1 33704 NAME NAME MACDOUGALD, JAMES E. STREET ADDRESS STREET ADDRESS 5776 W SHORE DR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Addition TITLE TITLE ☐ Delete NAME NAME MAC DOUGALD, SUZANNE M. STREET ADDRESS STREET ADDRESS 5776 W SHORE DR CITY-ST-ZIP ·CITY-ST-ZIP NEW PORT RICHEY FL 34652 Addition TITLE ☐ Delete TITLE MACDOUGALD, 1 J NAME STREET ADDRESS STREET ADDRESS 112 BEECH ST CITY-ST-ZIP CITY-ST-ZIP <u>Wrentham ma 02093</u> ☐ Delete TITLE 1721 Brightwaters Blad NE H leterslung FL 33704 1721 Brightwaters Blad NE Ph Setenshing FL 33704 ☐ Addition TITLE NAME MACDOUGALD, JAMES E. STREET ADDRESS STREET ADDRESS 5776 W SHORE DR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE ☐ Delete TITLE NAME NAME MACDOUGALD, SUZANNE STREET ADDRESS STREET ADDRESS 5776 W SHORE DR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR