FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # N97000004952 Secretary of State 1. Entity Name 05-16-2001 90095 043 ****61.25 Rainwater Foundation, Inc. Principal Place of Business Mailing Address 9715 SW 134 Ct. 9715 SW 134 Ct. Miami, Florida 33186 Miami, Florida 33186 2. Principal Place of Business 3. Mailing Address . A0068209 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0780652 Not Applicable Zip Country Country Zip 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite 3500 Miami, Florida 33131 City Zip 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 ature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Department of State FEE IS \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS □ Delete ☐ Change ☐ Addition TITLE TITLE NAME Eric Schwindeman STREET STREET ADDRESS CITY-ST-ZIP 9715 SW 134th Ct. **ADDRESS** CITY-ST-ZIP Miami, Florida 33186 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET NAME Gerry Scott STREET ADDRESS 13715 SW 84th Street, Unit C ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33176 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS John L. O'Brien NAME STREET 11805 SW 103rd Avenue ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33176 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET NAME STREET ADDRESS **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 oath; that I am an efficiency 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

Eric Schwindeman, President

305-670-3113