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

DOCUMENT # N97000005647 02 AUG -9 AM 11:05 1. Entity Name HAROLD C. AND JACQUELINE F. BLADEL FOUNDATION, INC. SECRETARY OF STATE TĂLLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 800007112778--3 -08/14/02--01055--022 Principal Place of Business 1515 Ringling Blvd. 3. Mailing Address 400 N. Ashley Dr. *****61.25 *****61.25 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3rd Floor Suite 2300 Applied For City & State City & State Not Applicable Not Applicable Sarasota, FL 34236 Tampa, FL 33602 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Intrastate Registered Agent Corp DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave IN THIS SPACE Suite 300 Zip Code Miami 33131 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. (NOTE: Registered Agent signature required when reinstating) CATE FEE IS \$61.25 Initial or Amended UBR SUBSECTION OF PROPERTY. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ΤΠLE D Ferguson, Arthur J. 1515 Ringling Blvd Sarasota, FL 34236 NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP- 1 CITY-ST-7/P TITLE! TITLE Delaney, Philip A. NAME 1515 Ringling Blvd STREET ADDRESS STREET ADORESS Sarasota, FL 34236 CITY:ST-ZIP CITY-ST-7IP TITLE Brown, Robert R NAME 1515 Ringling Blvd STREET ADDRESS DO NOT WRITE CITY-ST-ZIP Sarasota, FL 34236 IN THIS SPACE TITLE NAME STREET ADDRESS : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST: ZIP* CITY-ST-ZIP TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP

Robert R. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

Holland & Knight LLP Requester's Name 315 So. Calhoun Street Address 425-5675 Ciry/State/Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known): N97-5647
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2. (Corporation Name)	(Document #)
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NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Reports: 01 Wy 6-904 20 OBAIR SOLUTION OBAIR SOLUTION	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark

Examiner's Initials