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

DOCUMENT # N9800003338 i. Entity Name THE CHARLES V. MCADAM, JR. CHARITABLE FOUNDATION, INC.					FILED			
Principal Plac	e of Business	Mailing Address	-		03 AUG 29	PM 4: 34		
2360 GREENBRIAR BOULEVARD WELLINGTON FL 33414		C/O DANIEL A HANLEY, ESO. 777 S FLAGLER DR #500 EAST WEST PALM BEACH FL 33401		1 10013128 4	SECRETARY OF STATE			
2. Principal Place of Business		3. Mailing Address 2360 Green Blad Suite Apt. # etc.						
Suite, Apt. #, etc.		City & State			CHECK HERE IF MAKING CHANGES 4. FEI Number 31-1603603 Applied For			
City & Stat		Wellmaton	71	4. FEI Number	31-1603603	Not	Applicable	
Zip	Country		Palm Beo	<u>cn</u>	of Status Desired	\$8.75 Addi Fee Required		
	6. Name and Address of Current I	legistered Agent	Name		Address of New Reg	·		
VALOCO CALILLI CODDODATE CEDIACEC INC				FRANK G. McHdam.				
777 S. FLAGLER DRIVE				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				
SUITE 50					<u> </u>			
WEST PA	ILM BEACH FL 33401		City	lelling ton	_ 	FL Zio Code	14	
	named entity submits this statement for	the purpose of changing its re	egistered office of			ia. I am familiar with, a	ind accept	
. the obligat	ions of registered agent.	_			·			
	Tark	F	RANK	G. Mc Adam	1	8-19-03		
SIGNATURE .	Signature, typed or printed name of registered agent a			ure required when reinstating)		DATE		
After Sept	FILE NOW: FEE: IS \$61:25 ember 10, 2003; min will be \$2		ntribution.	\$5.00 May Be Added to Fees	Florida	Check Payable t Department of S	tate	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHA	NGES TO OFFICERS	S AND DIRECTORS IN		
TITLE NAME	MCADAM, CHARLES V JR.	🔼 Delete	TITLE NAME	وسوا فشد	g''''	Change	Addition	
STREET ADDRESS	2360 GREENBRIAR BLVD		STREET ADDRESS	ทล/29/	002263 03-01007-1	13647 101 - 4470 100		
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	1000 E. C.	to ofour	001 **70.00		
TITLE	DV	☐ Delete	TITLE			· Change	Addition	
NAME	MCADAM, CHARLES V III		NAME	10721 110-1	n. 6 01 111 a			
STREET ADDRESS	225 WALL ST		STREET ADDRESS	19764 Nort	N 04 Wa	85255	1	
CITY-ST-ZIP	VAIL CO 81657		CITY-ST-ZIP	Scottsdale	RC		E dans.	
TITLE" NAME	MCADAM, FRANK G	- Delete -	PATITLE - NAME	PRESIDENT	•	☐ Change	Addition	
STREET ADDRESS	285 F W HARTFORD DR		STREET ADDRESS		•			
CITY, ST-ZIP	PORTSMOUTH NH 03801		CITY-ST-ZIP					
TITLE	1.6	☐ Delete	TITLE	DIRECTOR		☐ Change	Addition	
NAME			NAME	BRAD MCA	10 A Q1			
STREET ADDRESS	į		STREET ADDRESS	285 F.W.	HARTFO	BO DE.		
CITY-ST-ZIP	·		CITY-ST-ZIP	PORTSMOU	rh, N. H.	<u>03801</u>	FT 4400.	
TITLE NAME	,	Delete .	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	,		STREET ADORESS	** - =	ş •			
CITY-ST-ZIP			CITY-ST-ZIP		•			
TITLE		Delete	TITLE	, , , ,	\$ 1 TO	☐ Change	☐ Addition	
NÀME	, .	4.4.4	NAME		TS			
STREET ADDRESS			STREET ADDRESS		. •	-		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>	<u> </u>			
12. I hereby	certify that the information supplied with	this tiling does not qualify for the	ne evemntion eta	ted in Section 110 07/3\/i	1 Florida Statutae I fi	urther certify that the in	tormation	

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 supermental 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 regeiver 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR OF SIGNING OFFICER OR DIRECTOR DIR