FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am § Secretary of State DOCUMENT # **N98000004944** 1. Entity Name G.E. BATCHELOR FOUNDATION, INC. 05-08-2002 90098 040 ****61.25 Principal Place of Business Mailing Address 950 S.E. 12TH STREET 950 S.E. 12TH STREET HIALEAH FL 33010 HIALEAH FL 33010 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 31-1626188 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 Street Address (P.O. Box Number is Not Acceptable) RAATTAMA, HENRY H JR. ONE S.E. THIRD AVENUE 28TH FLOOR City MIAMI FL 33131 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition Change BATCHELOR, GEORGE NAME NAME STREET ADDRESS 950 SE 12 ST STREET ADDRESS CITY-ST-7IP HIALEAH FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FERRARESI, DANIEL J NAME STREET ADDRESS 950 SE 12 ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BATCHELOR ROBJOHNS, ANNE NAME STREET ADDRESS 950 SE 12 ST STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 oath; 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 of the corporation of the receiver of trustee empowered to execute this report to execute the report to execute this report to execute th

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition