2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # N98000006841 May 09, 2000 8:00 am 1. Entity Name Secretary of State THE DARRAGH FAMILY FOUNDATION, INC. 05-09-2000 90005 043 ****61.25 Principal Place of Business Mailing Address 425 WEBBS COVE 425 WEBBS COVE OSPREY FL 34229-9269 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0879191 Not Applicable Zip Country 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) DARRAGH, RICHARD T **425 WEBBS COVE** OSPREY FL 34229 City Zip Code FI 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **PSD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE DARRAGH, MILDRED E NAME NAME STREET ADDRESS STREET ADDRESS **425 WEBBS COVE** CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 ☐ Delete ☐ Addition ☐ Change TITLE TITLE VTD. NAME DARRAGH, RICHARD T NAME STREET ADDRESS STREET ADDRESS **425 WEBBS COVE** CITY-ST-ZIP CITY-ST-ZIP OSPREY-FL 34229 **X** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DARRAGH, GORDON M PLANTATION CIRCLE STREET ADDRESS STREET ADDRESS 210 CAMPEN ROAD CITY-ST-ZIE BEAUFORT, NO 28516 CITY-ST-ZIP **BEAUFORT NC 28516** Addition ☐ Change TITLE Delete TITLE BIRCK, DEBORAH A NAME NAME STREET ADDRESS STREET ADDRESS 8381 CROSSPOINTE DRIVE CITY-ST-ZIP CITY-ST-ZIP . CINCINNATI OH 45255 3 1717 ☐ Delete ☐ Change ☐ Addition NAME DARRAGH, DAVID T STREET ADDRESS STREET ADDRESS 1303 ARABELLA STREET CITY-ST-ZIP CITY-ST-ZIF NEW ORLEANS LA 70115 🔀 Addition TITLE ☐ Defete TITLE Change THERESA HAAS 1820 MAIN STREET HAAS NAME ANGELO, GAIL E NAME STREET ADDRESS STREET ADDRESS **4829 LINDEN FOREST LANE** GOSHEU, OH CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28270 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 in

CR2E037 (9/99