

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90273 030 ****61.25

DOCUMENT # N98000006841

1. Entity Name

THE DARRAGH FAMILY FOUNDATION, INC.



Principal Place of Business

**425 WEBBS COVE
OSPNEY FL 34229**

Mailing Address

**425 WEBBS COVE
OSPNEY FL 34229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0879191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DARRAGH, RICHARD T
425 WEBBS COVE
OSPNEY FL 34229**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DARRAGH, MILDRED E**
STREET ADDRESS **425 WEBBS COVE**
CITY-ST-ZIP **OSPNEY FL 34229**

TITLE **VD** ☐ Delete
NAME **DARRAGH, RICHARD T**
STREET ADDRESS **425 WEBBS COVE**
CITY-ST-ZIP **OSPNEY FL 34229**

TITLE **D** ☐ Delete
NAME **DARRAGH, GORDON M**
STREET ADDRESS **105 PLANTATION CIRCLE**
CITY-ST-ZIP **BEAUFORT NC 28516**

TITLE **D** ☐ Delete
NAME **BIRCK, DEBORAH A**
STREET ADDRESS **8381 CROSSPOINTE DRIVE**
CITY-ST-ZIP **CINCINNATI OH 45255**

TITLE **D** ☐ Delete
NAME **DARRAGH, DAVID T**
STREET ADDRESS **1303 ARABELLA STREET**
CITY-ST-ZIP **NEW ORLEANS LA 70115**

TITLE **D** ☐ Delete
NAME **HAAS, THERESA**
STREET ADDRESS **1820 MAIN ST**
CITY-ST-ZIP **GOSHEN OH 45122**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

**635 Cotanche St., Apt. 714
Greenville, NC 27658**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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

x Feb 12/03 x 941-918-8146

CR2E037 (10/02)