

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000007140**

1. Entity Name

**THE MULHOLLAND FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**130 COQUILLE WAY  
VERO BEACH FL 32963****130 COQUILLE WAY  
VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0881822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****MULHOLLAND, SUSAN K  
500 AZALEA LANE  
VERO BEACH FL 32963****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.

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  
Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ DeleteNAME **MULHOLLAND, JAMES S III**  
STREET ADDRESS **130 COQUILLE WAY**  
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE **D** ☐ DeleteNAME **KEMPTON, GERALDINE M III**  
STREET ADDRESS **500 BEACH ROAD, APT. 307**  
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE **D** ☐ DeleteNAME **MULHOLLAND, SUSAN K**  
STREET ADDRESS **130 COQUILLE WAY**  
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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 OF JAMES MULHOLLAND**

1/07/02

561-231-1548

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90014 027 \*\*\*\*61.25

**901874**

DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)