

DOCUMENT # N98000007160

1. Entity Name

THE TAIWAN FOUNDATION, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90040 030 ****61.25

Principal Place of Business Mailing Address
C/O GRANT FRIDKIN PEARSON ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108 C/O GRANT FRIDKIN PEARSON ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

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 65-0910632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWN, HOWARD L
C/O GRANT, FRIDKIN, PEARSON, ATHAN & CROWN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME IRWIN, JAMES B
STREET ADDRESS 25188 MARION AVE., VILLA 22-24
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME MCCAFFERTY, ROSE MARIE
STREET ADDRESS 4552 MELBOURNE STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME IRWIN, HARRY
STREET ADDRESS PO BOX 512357
CITY-ST-ZIP PUNTA GORDA FL 33952 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME IRWIN, LINDA S
STREET ADDRESS 25188 MARION AVE., VILLA 22-24
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME O'TOOLE, KATHLEEN MARIE
STREET ADDRESS 4580 MELBOURNE STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)