## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2000 8:00 am DOCUMENT # N98000007191 Secretary of State 1. Entity Name DAVID & RUTH GORTON FAMILY CHARITABLE FOUNDATION 02-01-2000 90007 030 \*\*\*\*61.25 Mailing Address Principal Place of Business TZTI-GULF-OF-MEXICO DR.: APT- 163 1214-GULE OF MEXICO DR.: APT. 108 LONGBOAT KEY FL 34228-3606 LONGBOAT KEY FL 34228 For NEXICO DR MEXICO DA DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0885960 Not Applicable \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1281 bulf of Mexico Drive **GORTON, DAVID** 1211-GULF OF MEXICO DR. LONGBOAT KEY FL 34228 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 (NOTE, Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE GORTOH, DAVID NAME GORTON DAVID NAME DRIVE Apt 508 1211-GULF OF MEXICO DR ≠103-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF LONGBOAT KEY FL 34228 TITLE TITLE NAME Mexico Drive Apt 508 NAME STREET ADDRESS 1211 COLF OF MEXICO DR #109 STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP LONGBOAT KEY FL 34223 TITLE GORTON, AMY NAME GORTOMO AMY NAME STREET ADDRESS STREET ADORESS 3406 PACIFIC AVE CITY-ST-ZIP CITY-ST-ZIP MARINA DEL REY CA 90292 Addition ☐ Change ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR P