


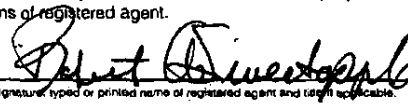

FILED

Jun 16, 2003 8:00 am  
Secretary of State

S/S

05-05-2003 91882 026 \*\*\*\*61.25

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

<b>DOCUMENT # N99000000479</b>			
1. Entity Name <b>JAMES H. &amp; MARTA T. BATMASIAN FAMILY FOUNDATION, INC.</b>			
Principal Place of Business 215 N. FEDERAL HWY. BOCA RATON FL 33432		Mailing Address 215 N. FEDERAL HWY. BOCA RATON FL 33432	
2. Principal Place of Business 215 N. Federal Hwy. Suite, Apt. #, etc. #1		3. Mailing Address 215 N. Federal Hwy. Suite, Apt. #, etc. SUITE # 1	
City & State BOCA RATON FL		City & State BOCA RATON, FL	
Zip 33432		Country USA	
4. FEI Number 65-0182301		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMO CORPORATE SERVICES, INC. 100 N.E. 3 AVE., SUITE 1100 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name: ROBERT A. SWEETAPPLE Street Address (P.O. Box Number is Not Acceptable) 165 E BOCA RATON RD. City: BOCA RATON FL Zip Code: 33432	
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: 		DATE: 06-13-03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATMASIAN, JAMES H. 215 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATMASIAN, MARTA T 215 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATMASIAN, JAMES G 215 N. FEDERAL HWY. BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 561-392-8920	

55048309

☐ CHECK HERE IF MAKING CHANGES

CP2E037 (10/02)