

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000000858

1. Entity Name
ANDREW FAMILY CHARITABLE FOUNDATION, INC.

FILED

04 NOV 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O JAMES ANDREW Suite, Apt. #, etc. 650 BEACH ROAD, APT 341 City & State VERO BEACH, FL Zip 32963		3. Mailing Address C/O DARRELL CANBY Suite, Apt. #, etc. 161 WORCESTER RD, SUITE 500 City & State FRAMINGHAM, MA Zip 01701		4. FEI Number 04-3457474	Applied For <input type="checkbox"/> Not Applicable
Country UNITED STATES		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

REINSTATE
DO NOT WRITE IN THIS SPACE **03-04**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ANDREW, JAMES**
Street Address (P.O. Box Number is Not Acceptable)
650 BEACH ROAD, APT. 341
City **VERO BEACH** FL Zip Code **32963**

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 _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D NAME ANDREW, JAMES STREET ADDRESS 650 BEACH ROAD, APT. 341 CITY-ST-ZIP VERO BEACH, FL 32963
TITLE D NAME ANDREW, STACY STREET ADDRESS 394 S.W. 62ND BOULEVARD, APT. 5 CITY-ST-ZIP GAINESVILLE, FL 32607
TITLE D NAME ANDREW, CHERYL M. STREET ADDRESS 650 BEACH ROAD, APT. 341 CITY-ST-ZIP VERO BEACH, FL 32963
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000042797090
11/16/04-01071-020 \$550.00

10/21/03 01149 002 \$6.20

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 person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES ANDREW

Date

Daytime Phone #

11/09/04
800-742-0300