2000 UNIFORM BUSINESS REPORT (UBR)

-9/9/5/00-90028-048-$61.25-$61.25

DOCUMENT # N99000001876

1. Entity Name

THE SOS FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -6 PM 1:46

Principal Place of Business	Mailing Address
173 EAST INLET DR. PALM BEACH FL 33480	173 EAST INLET DR. PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PALM BEACH	173 E. INLET DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33480 Country: USA	Zip: 33480. Country: U.S.A.

4. FEI Number: 65-0905747 ☐ 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
RAFFO, RICHARD A 173 EAST INLET DR. PALM BEACH FL 33480	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 PRES NAME Richard A Raffo STREET ADDRESS 173 E Inlet Dr CITY-ST-ZIP Palm Beach FL 33480-3052 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VICE PRES NAME MURRAY GOODMAN STREET ADDRESS 911-NORTH OCEAN BLVD CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE SECY-TREAS NAME GEORGE H. MOFFETT JR STREET ADDRESS 242 LIST ROAD CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED Sept 1-2000 8486916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #