## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # N99000002599 1. Entity Name BOB SWANSON GIVE A LIFE FOUNDATION, INC. 01-25-2000 90068 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 515 NORTH FLAGLER DRIVE SUITE 1800 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401-4330 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address P.O. BOX 31688 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not ---ALM BEAC GARDENS. 65-0932450 Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33420-1688 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOSLYN, BRIAN B 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401 Zip Code City FI 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT AND CHAIRMAN/D Change TITLE TITLE 🔀. Delete F. ROBERT SWANSON NAME NAME Joslyn, Brian B 645 MASTERS WAY STREET ADDRESS STREET ADDRESS 515 NORTH FLAGLER DRIVE SUITE 1800 CITY-ST-ZIP PALM BEACH GARBONS, FL 33418 CiTY-ST-ZIP <u>West Palm Beach Fl 33401</u> Addition Addition Change ☐ Delete TITLE Secretary TITLE Joseph GALLUCKI NAME NAME ENQUETON GOLF BRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDONS, FL 33418 CITY-ST-7IP CITY-ST-712 Change Addition TITLE TITLE Delete TREASURER / DIRECTOR NAME IDA DINERMAN 1017 DIAMOND HEAD WAY NAME STREET ADDRESS STREET ADDRESS PALM BEACK GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT/DIRECTOR Change Addition ☐ Delete TITLE TITLE NAME NAME HOWARD HESSLIN STREET ADDRESS STREET ADDRESS 1011 DIAMOND HEAD WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 UICE PRESIDENT/DIRECTOR Change -Addition TITLE Delete TITLE HARVEY PACKTER 1022 DIAMON, HEAD WAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL CITY-ST-ZIP 33418 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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. REQUITOSEPH GALLUCCI 799-0670

SIGNATURE:

Daytime Phone #