

05/01/2003 18:02 FAX 631 927 8539

MARCHON

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 010 ***61.25

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

DOCUMENT # N99000002830

1. Entity Name
WHITE-ROTH FAMILY FOUNDATION, INC.



90127090

Principal Place of Business
**17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496-5929**

Mailing Address
**17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496-5929**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0817154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, RUTH G
17017 BROOKWOOD DRIVE
BOCA RATON, FL 33496-5929**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent's signature must include address line)

DATE

FILE NOW! FEES \$10.00

9. Election Campaign Financing
Trust Fund Contribution... ☐

**\$5.00 May Be
Added to Fees**

10. Election Campaign Financing
Trust Fund Contribution... ☐

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WHITE, RUTH	
STREET ADDRESS	17017 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 334965929	
TITLE	D	☐ Delete
NAME	WHITE, HELENE	
STREET ADDRESS	17017 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 334965929	
TITLE	D	☐ Delete
NAME	ROTH, NANCY A	
STREET ADDRESS	17017 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 334965929	
TITLE	D	☐ Delete
NAME	WHITE, JEFFREY J	
STREET ADDRESS	17017 BROOKWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 334965929	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(b), 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, and 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 amendment with an address, with all other information.

SIGNATURE:

[Signature]
NAME AND TYPE OF POSITION OF SIGNER (SEE INSTRUCTIONS)

[Signature]
DIRECTOR

5/6/03 110 561-626-2101