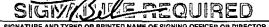
FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am DOCUMENT # N99000004349 **Secretary of State** PBCGA CHARITABLE FOUNDATION, INC. 02-10-2002 90038 009 ****61.25 Principal Place of Business Mailing Address 806 EIGHT TERRACE P.O. BOX 32123 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0938493 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BELEN, TOMMY **806 EIGHT TERRACE** PALM BEACH GARDENS FL 33418 Zip Code FL 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. 1-23-02 SIGNATURE 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 **\$5.00** May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition ☐ Delete TITLE BRYANT, BOBBY NAME NAME STREET ADDRESS 10334 SEAGRAPE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete TITLE ☐ Change Addition TITLE FINCH, RAYMOND R III NAME NAME 2100 EMERALD DUNES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 VICE President Addition ☐ Change TITLE ☐ Delete TITLE ARRIGO, JAMES NAME NAME 2101 OKEECHOBEE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROONEY, PATRICK J JR. NAME 6659 AUDUBON TRACE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP ☐ Delete PRESIDENT ☐ Change Addition EKEY, RICHARD NAME NAME **5 GRAND BAY CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUNO BEACH FL 33408 CITY-ST-ZIP TREASURER - SECRETORY TITLE ☐ Delete TITLE ☐ Change Addition Towny Belen 806 SH Ten NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAGIFL.

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:



1-23-02

561-625-0400