07/09/2000 19:15 2423660377

03/31/2000 18:43 2423660377 6/6

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Jul 18, 2000 8:00 am
Secretary of State
06-06-2000 90485 030 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005799

1. Entity Name

HURRICANE FLOYD BAHAMAS RELIEF FUND, INC.

Principal Place of Business	Mailing Address
2328 S. CONGRESS AVE. STE. 2B WEST PALM BEACH FL 33406	2328 S. CONGRESS AVE. STE. 2B WEST PALM BEACH FL 33406-5974

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 15460
City & State	City & State Jupiter FL
Zip / Country	Zip 33468-1546 / Country

4. FEI Number 65 0962719 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, PATRICIA
2328 S. CONGRESS AVE., STE. 2B
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name: MA Faichney & Assoc

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Rd #11R

City: Palm Beach Gardens FL Zip Code: 33410

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: [signature] 4/26/00
Signature(s) and printed name(s) of registered agent and the new if applicable. NOTE: Registered agent signature required when changing agent.

PLEASE NOTE: FEE INCREASE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brian Malone 4340 45th St. W. Palm Beach, Fl. 33711	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brook Milvain 6294 Bahia Del Mar Cir. #302 Ft. Lauderdale, Fl. 33715	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Patricia Myers PO Box 1546 Jupiter FL 33468-1546	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

DOCUMENT NUMBER

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] APR 27 2000 Daytime Phone # 242-366-0030