

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90415 017 \*\*\*\*61.25

**DOCUMENT #** N99000006945

**1. Entity Name**

Boyle Family Foundation, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

7 N. Pine Circle

**3. Mailing Address**

P.O. Box 1288

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: William Lane

City & State  
Belleair, FL

City & State  
Tampa, FL

**4. FEI Number**

59-3669254

Applied For

Not Applicable

Zip  
33756

Country  
USA

Zip  
33601

Country  
USA

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave., Suite 3000

City Miami

FL

Zip Code  
33131

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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**

**TITLE** PSD  
**NAME** Boyle, John G.  
**STREET ADDRESS** 211 North Broadway, Suite 3600  
**CITY-ST-ZIP** St. Louis, MO 63102

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** Boyle, John W.  
**STREET ADDRESS** 7 N. Pine Circle  
**CITY-ST-ZIP** Belleair, FL 33756

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** Boyle, James P.  
**STREET ADDRESS** 7 N. Pine Circle  
**CITY-ST-ZIP** Belleair, FL 33756

**TITLE**  
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**STREET ADDRESS**  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*John G. Boyle* John G. Boyle

4/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)