7/7, FILED DOCUMENT # N99000007267 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name THE BONNY & BILL SMITH CHARITABLE FOUNDATION, IN 07-07-2000 90403 006 ****61.25 Mailing Address Principal Place of Business % BILL T. SMITH, JR., P.A. % BILL T. SMITH, JR., P.A. 980 N. FEDERAL HIGHWAY. SUITE 402 980 N. FEDERAL HIGHWAY, SUITE 402 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied Far City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent The state of the s Street Address (P.O. Box Number is Not Acceptable) SMITH, BILL T JR. 980 N. FEDERAL HIGHWAY SUITE 402 Zip Code City **BOCA RATON FL 33432** The purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this statement for SIGNATU (NOTE: Registered Agent eignature required when reinstating) went and title if applicable. Make Check Payable to Ų, FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete Smith, Rober NAME SMITH, ROBERT H NAME 3R2E037 STREET ADDRESS 980 N. FEDERAL HIGHWAY, SUITE 402 STREET ADDRESS SAMC CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Delete TITLE TITLE SMITH, BILL T NAME NAME STREET ADDRESS 980 N. FEDERAL HIGHWAY, SUITE 402 STREET ADDRESS BAME CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ■ Addition TITLE ☐ Delete ARNAUTOU, LENA M HALLE --BIGREE -STREET ADDRESS 701 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition suite 402 TITLE ☐ Delefe TITLE boca ratem. Fc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE IME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all of

2000 UNIFORM BUSINESS REPORT (UBR)