

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

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90105 017 \*\*\*\*61.25

**DOCUMENT # N99000007527**

1. Entity Name  
**SHAW FAMILY FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**750 WHITE POND DR AKRON OH 44320**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0986251**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULZBERGER, ERIC W  
1090 KANE CONCOURSE STE. 201  
BAY HARBOR FL 33154**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SHAW, JERRY	4740 S, OCEAN BLVD #1616	BOCA RATON FL 33487	<input type="checkbox"/>	<input type="checkbox"/>
VP	SHAW, PATSY L	4740 S, OCEAN BLVD #1616	BOCA RATON:FL-33487	<input type="checkbox"/>	<input type="checkbox"/>
VP	SHAW, DEBORAH L	3303 WYNDHAM CIR #247	ALEXANDRIA VA 22302	<input type="checkbox"/>	<input type="checkbox"/>
SD	FOSTER, GRETA	C/O 750 WHITE POND DR	AKRON OH 44320	<input type="checkbox"/>	<input type="checkbox"/>
TD	WISE, MICHAEL	C/O 750 WHITE POND DR	AKRON OH 44320	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Jan. 13, 2003 330-869-2424 ext. 304

CR2E037 (10/02)