FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **N99000007555** THE S.C. BATTAGLIA FAMILY FOUNDATION, INC. 4-30-2001 90370 049 ****61.25 Principal Place of Business Mailing Address 250 PARK AVE. P.O. BOX 3010 STE 630 WINTER PARK FL 32790-3010 963252 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 250 Park Ave. South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 630 City & State City & State 4. FEI Number Applied For 59-3614385 Winter Park, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32789 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BATTAGLIA, W.P. 250 PARK AVE., STE 630 250 Park Ave. South, Suite 630 WINTER PARK FL 32789 City Winter Park, 32789 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 FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, (10/00)TITLE ☐ Delete TITLE Change ☐ Addition BATTAGLIA, S.C. NAME NAME STREET ADDRESS 250 PARK AVE., STE 630 STREET ADDRESS CR2E037 250 Park Ave. South, Suite 630 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Winter Park, FL 32789 DP TITLE ☐ Delete TITLE Change ☐ Addition BATTAGLIA, W.P. NAME NAME STREET ADDRESS 250 PARK AVE., STE 630 STREET ADDRESS 250 Park Ave. South, Suite 630 CITY-ST-ZIP WINTER PARK FL 32789 Winter Park, FL 32789 Change ☐ Delete TITLE Addition NAME BATTAGLIA, R.E. STREET ADDRESS 250 PARK AVE., STE 630 STREET ADDRESS 250 Park Ave. South, Suite 630 CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Winter Park, FL 32789 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST~ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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:

W.P. BATTALLIA, PRESIDENT HIPPSI