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

DOCUMENT # P33367

1. Entity Name

JULIA AND GILBERT MERRILL FOUNDATION, INC.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90160 048 ****61.25

MERRILL, JULIA 4709 BANYAN LANE TAMARAC FL TITLE MERRILL, ABBY 400 E. 70 ST NY NY TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S	OOLIN 7 WA	D GILDLIII IIICIIIILL I OO.										
Suite, Apt. #, otc. GHECK HERE IF MAKING CHANGES Cry & State City & Stele City & Stele A. FEI Number 52-1711329 Applied For Not Applicable Zip Country Zip Country S. Certificate of Status Desired S.75 Status Desired Desired Agent S.75 Status Desired S.75 Status Desired Desired Agent S.75 Status Desired Desired Desired Agent S.75 Status Desired Desired Desired Agent S.75 Status Desired	4709 BANYAN LANE 4709 BANYAN LANE					L.					•	
Suite, Apt. #, otc. GHECK HERE IF MAKING CHANGES Cry & State City & Stele City & Stele A. FEI Number 52-1711329 Applied For Not Applicable Zip Country Zip Country S. Certificate of Status Desired S.75 Status Desired Desired Agent S.75 Status Desired S.75 Status Desired Desired Agent S.75 Status Desired Desired Desired Agent S.75 Status Desired Desired Desired Agent S.75 Status Desired	2. Principal Pl	ace of Business	3. Maili	ng Address								
City & State City & State Country Zip Country S. Certificate of Servis Desired St. Applicable	<u> </u>											
Zip Country Zip Country S. Certificate of Satus Dealerd Set. 75 Assistance Set. 75 Assist	Suite, Apt.	#, etc.	Sur	te, Apt. #, etc.					CHECK HERE	IF MAKING	CHANGES	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MAM FL 33156-0000 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of Florida. I am familiar with, and scoopt the obligations of registered agent, or both, in the State of	City & State City & State			/ & State				4. FEI Number	52-1711329			
UNITED CORPORATE SERVICES, NC. 9200 SQUTH DADELAND BLVD. SUITE 508 Main FL 33156-0000 8. The above parend entity subtrists this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the Stat	Zip	Country	Zip		Cou	untry		5. Certificate of S	Status Desired			
UNITED CORPORATE SERVICES, NC. 920 SOUTH DADELAND BLVD. SUITE 508 " MAMI FL 33156-0000 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or bo		6. Name and Address of Curre	nt Registere	d Agent				7. Name and Ad	dress of New F	Registered A	gent	
SUTE 508 MAMN IF L 33158-0000 SUTE 508 MANN IF L 33158-0000 SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 D. Election Campaign Financing Trust Fund Contribution. TILE MAKE MERRILL, JULIA 4709 BANYAN LANE TITLE MAKE MERRILL, ABBY MERRILL BBY MERRILL BBY MORE STRET ANDRESS CITY-51-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM		-	The second of the	- 8 2		Name			-	-		
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 Signature Department of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Department of State	9200 SQ	UTH DADELAND BLVD.				Street Addr	ress (F	O. Box Number is	Not Acceptable	e)		
SIGNATURE Signature Price Price						City		-		FL	Zip Cod	e
TILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10- TITLE NAME AT 100 BANYAN LANE 1 CITY-ST-27P TITLE TITLE TAMARAC FL TITLE TITLE TAMARAC FL TITLE TITLE TAMARAC FL TITLE TITLE TAMARAC FL TITLE TITLE TITLE TAMARAC FL TITLE TITLE TITLE TITLE TITLE TAMARAC FL TITLE TITLE TITLE TITLE TITLE TITLE TITLE TAMARAC FL TITLE TIT	the obligati	named entity submits this statement ons of registered agent.	t for the purpo	ose of changing its	register	ed office or reg	gistere	ed agent, or both, i	n the State of Flo	·····	amiliar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed or printed name of registered ag	ent and title if appl	icable. (NOTE	: Registere	d Agent signature re	equired	when reinstating)		DATE		
TITLE MAME MERRILL, JULIA MERRILL, JULIA A709 BANYAN LANE TRETADORESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STR	F	FILE NOW: FEE IS \$61.25	,			• –	1	\$5.00 May Be Added to Fees				
MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	10.		DIRECTORS		11.		Α	ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	RECTORS IN	
MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	MERRILL, JULIA 4709 BANYAN LANE		☐ Delete	NAM STRI	ie Eet address					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	400 E. 70 ST	. پاپ	☐ Delete	NAM STR	ME EET ADDRESS	,a =0 •			/ Casso - J	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRI	AE EET ADDRESS		•			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STR	ME EET ADDRESS					Change	☐ Addition
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS			□ Delete	NAM STR	ME EET ADDRESS					☐ Change	☐ Addition
	NAME		-	☐ Delete	NAN Str	ME EET ADDRESS					Change	☐ Addition

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:

A Merry 1/30/03