FILED

2001 UNIFORM BUSINESS RÉPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # P95000061472 **Secretary of State** WEISS FUNDS, INC. 02-05-2001 90101 011 ***150.00 Principal Place of Business Mailing Address 4176 BURNS ROAD 4176 BURNS ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-0600796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAXCY, CLARA A Street Address (P.O. Box Number is Not Acceptable) 4176 BURNS ROAD PALM BEACH GARDENS FL 33410 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITI F TITLE Change . Addition NAME NAME BREAZEALE, JOHN N STREET ADDRESS STREET ADDRESS 4176 BURNS 4176 BURNS ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Delete TITLE TITI F lara Maxc NAME NAME PARKER, SHARON A STREET ADDRESS STREET ADDRESS 4176 Buens 4176 BURNS ROAD Palm Beach Gardens, Fl CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410. Addition TITLE TITLE Delete Martin D. Weiss NAME NAME STREET ADDRESS STREET ADDRESS 4176 BURNS HOAD CITY-ST-ZIP CITY-ST-7IP Palm Beach Gardens, TITLE Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

DONN N. BRAZEALC PESIDENT

SIGNATURE:

1/31/01

(561) 627-3300

Daytime Phone #