

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008391

**Entity Name:** KATE & JUSTIN ROSE FOUNDATION, INC.**Current Principal Place of Business:**10524 MOSS PARK ROAD  
SUITE 204-712  
ORLANDO, FL 32832**Current Mailing Address:**10524 MOSS PARK ROAD  
SUITE 204-712  
ORLANDO, FL 32832 US**FEI Number:** 45-3577312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURR & FORMAN LLP  
200 SOUTH ORANGE AVE.  
SUITE 800 ATTN: BRIAN WATSON  
ORLANDO, FL 32801 US*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:** BRIAN WATSON

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, VP  
Name ROSE, JUSTIN  
Address 9818 COVENT GARDEN DRIVE  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR, PRESIDENT  
Name ROSE, KATE  
Address 9818 COVENT GARDEN DRIVE  
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR  
Name STEINBERG, MARK  
Address 1700 BROADWAY  
29TH FLOOR  
City-State-Zip: NEW YORK NY 10019

Title EXECUTIVE DIRECTOR  
Name MOORES, SARA  
Address 100 PGA TOUR BOULEVARD  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR, TREASURER,  
SECRETARY  
Name WATSON, BRIAN  
Address 200 SOUTH ORANGE AVE.  
SUITE 800  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name BARKER, PHILIP  
Address CHISWICK GATE, 3RD FLOOR  
598-608 CHISWICK HIGH ROAD W4  
5RT, UNITED KINGDOM  
City-State-Zip: LONDON OC

Title DIRECTOR  
Name ANAND, CHRISTOPHER  
Address 9350 CONROY WINDERMERE ROAD  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name MUDDLELL, JEFF  
Address 1661 WINCHESTER DRIVE  
City-State-Zip: WINTER PARK FL 32836

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN WATSON

DIRECTOR/SECRETARY

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	THOMPSON, BRIAN
Address	8900 HERITAGE BAY CIRCLE
City-State-Zip:	ORLANDO FL 32836