

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010790

**Entity Name:** MASTER FAMILY FOUNDATION CORPORATION

**Current Principal Place of Business:**

2530 ULYSSES RD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2530 ULYSSES RD  
TALLAHASSEE, FL 32312

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASTER, PARESH  
2530 ULYSSES RD  
TALLAHASSEE, FL 32312 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MASTER, KHYATI  
Address 2530 ULYSSES RD  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name MASTER, AVIN  
Address 2530 ULYSSES RD  
City-State-Zip: TALLAHASSEE FL 32312

Title VP  
Name MASTER, ANUJ  
Address 2530 ULYSSES RD  
City-State-Zip: TALLAHASSEE FL 32312

Title SEC  
Name MASTER, PARESH  
Address 2530 ULYSSES RD  
City-State-Zip: TALLAHASSEE FL 32312

Title MEM  
Name MASTER, ROHAN  
Address 2530 ULYSSES RD  
City-State-Zip: TALLAHASSEE FL 32312

*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: PARESH MASTER**

**SECRETARY**

**06/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date