#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002743

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.

FILED Feb 13, 2013 Secretary of State CC2023711540

## **Current Principal Place of Business:**

% C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## **Current Mailing Address:**

599 DICE ST #A

CHARLOTTESVILLE, VA 22903

FEI Number: 54-1854752 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 DP Title DS

Name KEVIN, O'BRIEN A Name SIMON, MARLENA L

Address 704 LOCUST AVENUE Address 599 DICE ST

City-State-Zip: CHARLOTTESVILLE VA 22902 City-State-Zip: CHARLOTTESVILLE VA 22903

Title DT Title D

Name OBRIEN, ROBERT A Name CHRYSLER, ANA M Address 4711 24TH RD N Address 88 HERRICK RD

City-State-Zip: ARLINGTON VA 22207 City-State-Zip: SOUTH HAMPTON NY 11968

Title D Title D

Name MUSSO, CARLOS Name FERNANDEZ, FREDRICO

Address 6701 NW 7TH ST SUITE 125 Address 3301 PONCE DE LEON BLVD, SUITE

200

DP

City-State-Zip: MIAMI FL 33126 City-State-Zip: CORAL GABLES FL 33134

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: KEVIN A O'BRIEN

Electronic Signature of Signing Officer/Director Detail

02/13/2013