

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002743

**Entity Name:** THE BACARDI FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

809 BOLLING AVENUE  
UNIT C  
CHARLOTTESVILLE, VA 22902

**Current Mailing Address:**

809 BOLLING AVENUE UNIT C  
CHARLOTTESVILLE, VA 22902 US

**FEI Number: 54-1854752**

**Certificate of Status Desired: No**

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

D'ANGIO, ROBERT A JR.  
8720 WELLINGTON VIEW DRIVE  
WEST PALM BEACH, FL 33411 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: ROBERT A. D'ANGIO, JR.**

**06/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name O'BRIEN, KEVIN A  
Address 704 LOCUST AVENUE  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR  
Name FERNANDEZ, FREDRICO  
Address 3301 PONCE DE LEON BLVD, SUITE  
200  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name AIXALA DAWSON, MARI  
Address 5786 LA SIERRA DRIVE  
City-State-Zip: SANTA ROSA CA 95409

Title DIRECTOR  
Name O'BRIEN, ROBERT  
Address 500 COURT SQUARE  
APT. 704  
City-State-Zip: CHARLOTTESVILLE VA 22902

Title DIRECTOR  
Name CASALS, BEATRIZ  
Address 44872 RIVERMONT TERRACE  
APT. 105  
City-State-Zip: ASHBURN VA 20147

*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**

**DIRECTOR**

**06/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date