

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N97000002743**

1. Entity Name

THE BACARDI FAMILY FOUNDATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90043 016 ****61.25

Principal Place of Business % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Mailing Address % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324-4413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 54-1854752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete ARELLANO, VICTOR JR 920 FIFTH AVE NEW YORK NY 10021	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	FIRST FLOOR FLAT, 17 CADOGAN SQUARE LONDON SW1X 0HU, ENGLAND
TITLE DP	<input type="checkbox"/> Delete CUTILLAS, MANUEL J % BACARDI & CO LTD MILLER ROAD NASSAU BAHAMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	<input type="checkbox"/> Delete DORIAN, GEORGE 7922 HUNTERS GROVE DR JACKSONVILLE FL 32256-7216	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	<input type="checkbox"/> Delete O'BRIEN, ROBERT A 4620 LEE HIGHWAY, STE 212 ARLINGTON VA 22207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4620 LEE HWY, SUITE 202
TITLE D	<input type="checkbox"/> Delete LINDZON, JERRY 3 GROVE ISLE DR, APT PH-9 COCONUT GROVE FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ROBERT A. O'BRIEN 4/12/00 703-528-7953
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)