

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000002743

1. Entity Name
THE BACARDI FAMILY FOUNDATION, INC.

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 4620 LEE HIGHWAY Suite, Apt. #, etc. SUITE 202 City & State ARLINGTON VA
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DO NOT WRITE IN THIS SPACE

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 US	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 _____ DATE **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN LUCY 111 CLARK AVE PALM BEACH FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDZON JERRY 3 GROVE ISLE DR, APT PH-9 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT O ROBERT A 4620 LEE HWY, SUITE 202 ARLINGTON VA 22207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OBRIEN ROBERT A 4620 LEE HWY, SUITE 202 ARLINGTON VA 22207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DORIAN GEORGE 7922 HUNTERS GROVE DR JACKSONVILLE FL 322567216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DORIAN GEORGE 7922 HUNTERS GROVE DR JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUTILLAS MANUEL J % BACARDI & CO LTD MILLER ROAD NASSAU BAHAMAS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUTILLAS MANUEL J WEST BAY STREET AND BLAKE ROAD NASSAU BAHAMAS BA 22207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO VICTOR JR FIRST FLOOR FLAT, 17 CADOGAN SQUARE LONDON, ENGLAND SW1X OHU <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO VICTOR JR FIRST FLOOR FLAT, 17 CADOGAN SQUARE LONDON ENGLAND EN 22207 <input checked="" 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)(f), 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 OBRIEN DT 04/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)