

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002743

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: THE BACARDI FAMILY FOUNDATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

4620 LEE HIGHWAY  
SUITE 202  
ARLINGTON, VA 22207

## New Mailing Address:

FEI Number: 54-1854752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARELLANO, VICTOR JR  
Address: FIRST FLOOR FLAT, 17 CADOGAN SQUARE  
City-St-Zip: LONDON ENGLAND, EN 22207

Title: DP ( ) Delete  
Name: CUTILLAS, MANUEL J  
Address: WEST BAY STREET AND BLAKE ROAD  
City-St-Zip: NASSAU BAHAMAS, BA 22207

Title: DS ( ) Delete  
Name: DORIAN, GEORGE  
Address: 7922 HUNTERS GROVE DR  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT ( ) Delete  
Name: OBRIEN, ROBERT A  
Address: 4620 LEE HWY, SUITE 202  
City-St-Zip: ARLINGTON, VA 22207

Title: D (X) Delete  
Name: LINDZON, JERRY  
Address: 3 GROVE ISLE DR, APT PH-9  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: NIELSEN, LUCY  
Address: 111 CLARK AVE  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. O'BRIEN

MR.

04/29/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date