## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 754940

1. Entity Name

## MAURICE A. ROTHMAN AND THELMA P. ROTHMAN FAMILY Y FOUNDATION, INC.



Principal Place of Business Mailing Address C/O MARGIE R. GREEN C/O MARGIE R. GREEN 5700 70TH AVE. NO. 5700 70TH AVE. NO. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781

## Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90953 042 \*\*\*\*61.25

ԾՈՐՈՅՆԵԻ



2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number <b>59-2061386</b> Applied For Not Applicable			· <u>·</u>	
Zip	Country Zi		Zip Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered			ed Agent		7. Name and Address of New Registered Agent				
GREEN, MARGIE R. 5700 70TH AVENUE NORTH PINELLAS PARK FL 33781				Name Street Address (P.O. Box Number is Not Acceptable)					
PINELDA	S PARK PL 33/01			City		FL	Zip Cod	le	
SIGNATURE .	Signature, typed or printed name of registered agei	9. Elect	(NOTE: Registere	inancing _	equired when reinstating) \$5.00 May Be Added to Fees	DATE  Make Checi Florida Depar			
10.	OFFICERS AND D		11.			S TO OFFICERS AND DI			
	OFFICERS AND L	Dele						Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURVILLE, EDWARD A 5700 70TH AVE. NO. PINELLAS PARK FL 33781	Dele	NAM STRI	EET ADDRESS '-ST-ZIP	D LANE, KEVIN 5700-70th A Pinellas Park	1 A- Hvenue Nort <sub>1</sub> FL 33781	6	Audition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GREEN, MARGIE R. 5700 70TH AVE. NO. PINELLAS PARK FL 33781	□ Dele	NAM STRI	E			· Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANE, CAROL R. 5700 70TH AVE., N. PINELLAS PARK FL 33781	☐ Dele	NAM STRI				☐ Change	Addition	
TITLE		☐ Dele	e TITL	ŀ			☐ Change	☐ 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.

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition