

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93592 023 \*\*\*150.00

**DOCUMENT #** F00000003536

**1. Entity Name**

JRC CHILDREN'S CHARITIES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

5400 Broken Sound Blvd NW

**3. Mailing Address**

161 N. Clark Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

Ste. 2600

City & State

City & State

Boca Raton, FL

Chicago, IL

**4. FEI Number**

36-4092340

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

Zip  
33487

Country

USA

Zip

60601

Country

USA

**7. Name and Address of Current Registered Agent**

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.** This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10.** Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
JEFFREY A. LEVITETZ  
5400 BROKEN SOUND BLVD. NW 100  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
SALVATORE T. RICCIARDI  
5400 BROKEN SOUND BLVD. NW 100  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
LYLE S. GENIN  
161 N. CLARK STREET, STE. 2600  
CHICAGO, IL 60601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

**13.** 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYLE S. GENIN

5/10/02

312/621-9700

Date

Daytime Phone #

CR2E034B (12/01)