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

Mailing Address

3. Mailing Address

City & State

Zip

JACKSONVILLE FL 32255

Suite, Apt. #, etc.

P O BOX 551260

DOCUMENT # N12421

1. Entity Name

Principal Place of Business

2. Principal Place of Business

ANSBACHER, LEWIS

JACKSONVILLE FL 32256

5150 BELFORT RD **BLDG 100**

6299 - 8 POWERS AVE.

JACKSONVILLE FL 32217

Suite, Apt. #, etc.

City & State

SIDNEY AND LOIS GEFEN FAMILY FOUNDATION, INC.

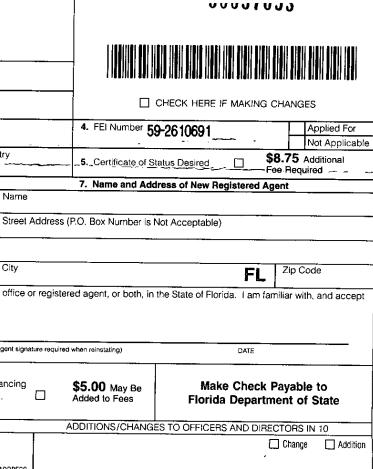
Country

6. Name and Address of Current Registered Agent



FILED Feb 27, 2003 8:00 am § Secretary of State

02-27-2003 90111 008 ****61.25



8. The shove named entity submite this statement for the survey of the size in the survey of the size in the size						
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable.		icable. (NOTE: F	(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		
				Added to rees	Florida Department of S	state
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	10
TITLE	PD	☐ Delete	TITLE		Change	Addition
NAME	GEFEN, SIDNEY		NAME		,—	
STREET ADDRESS	62299-8 POWERS AVE		STREET ADDRESS			}
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME . STREET ADDRESS	GEFEN, LOIS	and the same	NAME	أحياره يبين الأخطيل الأنافاء	The state of the s	
CITY-ST-ZIP	6299-8 POWERS AVE		STREET ADDRESS			
	JACKSONVILLE FL 32217		CITY-ST-ZIP		-	
TITLE NAME	l -	☐ Delete	TITLE		Change	☐ Addition
	ANSBACHER, LEWIS 5150 BELFORT RD #100		NAME			
CITY-ST-ZIP	JACKSONVILLE FL 32256		STREET ADDRESS CITY-ST-ZIP	•		}
TITLE	JACKSONVILLE PL 32230					
NAME		☐ Delete	TITLE		☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE			
NAME		Delete	NAME		☐ Change	Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			ł
TITLE		☐ Delete	TITLE		☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS			[
CITY-ST-ZIP			CITY-ST-ZIP			ļ
40	making a language and a contract of the contra					

Country

Name

City

I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trusted empowered to changed, or on an attachment with an address, with all of dees not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: