

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90017 018 \*\*\*\*61.25

**DOCUMENT # N17908**

1. Entity Name

**SPEN FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**46 N. WASHINGTON BLVD  
 #27  
 SARASOTA FL 34236**

**46 N. WASHINGTON BLVD  
 #27  
 SARASOTA FL 34236-5928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2742185**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNING, GEORGE, III  
 46 N. WASHINGTON BLVD., #27  
 SARASOTA FL 34236**

Name

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

City

**FL**

Zip Code

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | RODEHEFFER, MADELEINE S  |  |
| STREET ADDRESS | 10530 SE 250TH PL, #J105 |  |
| CITY-ST-ZIP    | KENT WA 98031            |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | HERRON, WILLIAM CPA      |  |
| STREET ADDRESS | 5590 BEE RIDGE RD        |  |
| CITY-ST-ZIP    | SARASOTA FL 34233        |  |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | GOLDBERG, PAUL           |  |
| STREET ADDRESS | 7970 GARDEN DRIVE N.     |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33710  |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | BARNUM, SAMEIL           |  |
| STREET ADDRESS | 225 2ND AVE              |  |
| CITY-ST-ZIP    | DECATUR GA 30030         |  |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | YOUNG, HANOCH            |  |
| STREET ADDRESS | 61 E 8TH ST, SUITE 111   |  |
| CITY-ST-ZIP    | NEW YORK NY              |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS | 6813 MAURLEEN RD.   |  |
| CITY-ST-ZIP    | BALTIMORE, MD 21209 |  |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SD BARNUM, SAMUEL   |  |
| STREET ADDRESS | 3087 ASCOT COURT    |  |
| CITY-ST-ZIP    | ATLANTA, GA 30341   |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

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.

SIGNATURE: *Madeleine S. Rodeheffer* President 4-13-00 253-520-6897  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)