

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90089 001 ****70.00

DOCUMENT # N26154

1. Entity Name

THE FUTERNICK FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

ROSE, STEPHEN. E
 4200 BISCAYNE BLVD
 MIAMI FL 33137
 US

C/O ROSE, STEPHEN. E
 4200 BISCAYNE BLVD.
 MIAMI FL 33137-3210
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0078657

Applied For

Not Applicable

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

ROSE, STEPHEN E
 4200 BISCAYNE BLVD.
 MIAMI FL 33137

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	D	<input type="checkbox"/> Delete
NAME	LIPOFF, NORMAN H	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FUTERNICK, MORRIS	
STREET ADDRESS	2 GROVE ISLE DR APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUTERNICK, LEE	
STREET ADDRESS	2 GROVE ISLE DR APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, GAIL	
STREET ADDRESS	11 ISLAND AVE APT 1604	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DELVALLE, CATHIE F	
STREET ADDRESS	2 GROVE ISLE DR. APT 1509	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FUTERNICK, MIKKI	
STREET ADDRESS	2 GROVE ISLE DR. #1509	
CITY-ST-ZIP	MIAMI FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DC	
STREET ADDRESS	CATHIE F. FUTERNICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	2 GROVE ISLE DR, APT 1509	
	COCONUT GROVE, FL 33133	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature
SIGNATURE REQUIRED
 1/7/00

CR2E037 (9/99)