

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90474 041 ****70.00

0009181

DOCUMENT # N26154
 1. Entity Name
THE FUTERNICK FAMILY FOUNDATION, INC.

Principal Place of Business ROSE, STEPHEN, E 4200 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address C/O ROSE, STEPHEN, E 4200 BISCAYNE BLVD. MIAMI FL 33137 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0078657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSE, STEPHEN E
4200 BISCAYNE BLVD.
MIAMI FL 33137

7. Name and Address of New Registered Agent
 Name: **ROBERT A. SELTZER**
 Street Address (P.O. Box Number is Not Acceptable):
4200 BISCAYNE BLVD
 City: **MIAMI** FL Zip Code: **33137**

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: DATE: **2/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DIS NAME: ROBERT A. SELTZER STREET ADDRESS: 4200 BISCAYNE BLVD, CITY-ST-ZIP: MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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.
 SIGNATURE: DATE: **2/21/01** Daytime Phone #: **305 576 4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)