## 2000 UNIFORM BUSINESS REPORT (UBK)

SIGNATURE:

## **FILED DOCUMENT # N35766** May 08, 2000 8:00 am Secretary of State THE MILTON AND TAMAR MALTZ FAMILY FOUNDATION, IN 05-08-2000 90070 045 \*\*\*\*61.25 Principal Place of Business Mailing Address 4300 SOUTH U.S. HIGHWAY 1 4300 SOUTH U.S. HIGHWAY 1 #203-328 #203-328 JUPITER FL 33477-1198 JUPITER FL 33477-1124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #203-342 # 203-342 Applied For City & State City & State 4. FEI Number 65-0164300 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33477 33477 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITI E NAME NAME MALTZ, MILTON S. 4300 S. US HWY. 1, #203-342 STREET ADDRESS STREET ADDRESS 4300 S. US HWY, 1 #203-328 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Delete TITLE NAME MALTZ, THELMA NAME 4300 8. US HWY. 1, #203-342 STREET ADDRESS STREET ADDRESS 4300 S. US HWY. 1 #203-328 Jupiter P= 33477 --CITY-ST-ZIP CITY-ST-7IP: JUPITER FL 33477 Change ☐ Addition ☐ Delete TITLE D۷ TITLE MALTZ, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 3957 GROSVENOR CITY-ST-7IP CITY-ST-ZIP SOUTH EUCLID OH 44118 👿 Change ☐ Addition DT ☐ Delete TITLE TITLE NAME 4150 17th street, #1 San Francisco, CA 94114 NAME MALTZ, DAVID STREET ADDRESS STREET ADDRESS 20 YUKON ST CITY-ST-ZIP CITY-ST-ZIP SAN FRABCISCO CA ☐ Change ☐ Addition ☐ Delete TITLE NAME KONIGSBERG, JULIE E. NAME STREET ADDRESS STREET ADDRESS 4375 NORTH VENTANA LOOP CITY-ST-ZIP CITY-ST-ZIP TUCSON AZ 85750 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

AME OF SIGNING OFFICER OR DIRECTOR