

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90101 019 ****61.25

DOCUMENT # N49210

1. Entity Name

JOSEPHINE S. LEISER FOUNDATION, INC.

Principal Place of Business

Mailing Address

515 EAST LAS OLAS BLVD.
 SUITE 1500
 FORT LAUDERDALE FL 33301
 US

515 EAST LAS OLAS BLVD.
 SUITE 1500
 FORT LAUDERDALE FL 33301
 US

2. Principal Place of Business

3. Mailing Address

6550 N. Federal Highway

6550 N. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#511

#511

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33308

USA

33308

USA

4. FEI Number

65-0347903

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

BROGAN, FRANCIS B JR.
 515 EAST LAS OLAS BLVD.
 SUITE 1500
 FORT LAUDERDALE FL 33301

Name

John Gillespie

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

6550 N. Federal Highway

#511

City

Ft. Lauderdale

FL

Zip Code

33308

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

John M. Gillespie

2/8/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PTR FRIEDT, THEODORE K 1431 S. OCEAN BLVD., VILLA 37 POMPAHO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR TURNER, JAMES BAXTER JR. ELK RIVER CLUB - 4 CARDINAL COURT BANNER ELK NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSTR BEARD, JOAN 2424 NE 48TH LANE FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:

Joan Beard 2/24/02 954.202.0455

CR2E037 (9/01)