

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

33308

USA

Zip

Country

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

Joan Beard 2/24/02 954-202-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)