

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90106 029 ****61.25

DOCUMENT # N49210

1. Entity Name

JOSEPHINE S. LEISER FOUNDATION, INC.



Principal Place of Business

**6550 N FEDERAL HIGHWAY
SUITE #511
FORT LAUDERDALE FL 33308
US**

Mailing Address

**6550 N FEDERAL HIGHWAY
SUITE #511
FORT LAUDERDALE FL 33308
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 **65-0347903**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLESPIE, JOHN
6550 N FEDERAL HIGHWAY
SUITE #511
FORT LAUDERDALE FL 33308**

**101 N.E. 3rd Avenue
Suite 1700
Fort Lauderdale, FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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	POMPANO 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	Robert B. Judd, Esq.	
STREET ADDRESS	Gunster Yoakley	
CITY-ST-ZIP	500 E. Broward Blvd., Ft. Laud., FL	
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		
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		

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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
954-771-0908

CR2E037 (10/02)