

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90047 019 ****61.25

34537

DOCUMENT # N92000000714

1. Entity Name

RICHARD AND JANE GREEN FAMILY FOUNDATION, INC.

Principal Place of Business

**20 HARBOUR HOUSE
 OCEAN REEF CLUB
 KEY LARGO FL 33037**

Mailing Address

**20 HARBOUR HOUSE
 OCEAN REEF CLUB
 KEY LARGO FL 33037
 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

65-0377179

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

**GREEN, RICHARD D
 20 HARBOUR HOUSE
 OCEAN REEF CLUB
 KEY LARGO FL 33037**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD D	
STREET ADDRESS	20 HARBOUR HOUSE, OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHT, DANIEL	
STREET ADDRESS	25550 CHAGRIN BLVD	
CITY-ST-ZIP	CLEVELAND OH 44122	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, STEVEN A	
STREET ADDRESS	ONE BRATENAHL PLACE #1512	
CITY-ST-ZIP	BRATENAHL OH 44108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

3/17/01

Date

305-367-2529

Daytime Phone #

CP2E037 (10/00)