

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2000 8:00 am**
Secretary of State

05-30-2000 90048 023 ****61.25

DOCUMENT # N93000002565

1. Entity Name

ROSS JORDAN BARASH MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

7958 EXETER BLVD W
TAMARAC FL 33322
USPO BOX 460063
FT LAUDERDALE FL 33346-0063
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

65-0415100

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BARASH, ERIC J.
7958 EXETER BLVD W
TAMARAC FL 33321

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	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
D	BARASH, ERIC	1510 SOUTHEAST 17 STREET, #300	FORT LAUDERDALE FL 33316	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BARASH, ERIC	PO BOX 460063	FT LAUDERDALE FL 33346	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	AXMAN, MICHAEL	15624 SW 78TH PL	MIAMI FL 33157	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BARASH, MERI	1200 NW 101 AVE	PLANTATION FL 33322	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)