	ONIFORM BUS	MESS REPU	וטן וא	en,	_				004185
DOCUMENT # N9300005820 1. Entity Name						seegetal	HUED RY OF STATE:		8
THE ALTMAN FOUNDATION FOR CHILDREN, INC.						IVISION OF	CORPORATIONS		
Principal Pla	ce of Business	Mailing Address	ling Address			00 APR 2	7 AM 10: 41		
		2201 CORPORATE BLVD NW SUITE 200							
BOCA RATON	N FL 33431	BOCA RATON FL 33431-733	7		1 16001101	DIN SRINN SIGN ANGLAR	 	1 015 118 51 1 00 1	
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc]	DO NOT WE	I RITÉ IN THIS SPACE		
City & State		City & State		4. FEI Numbe	⁶⁵⁻⁰⁴⁹⁸⁰⁵²)	oplied For	7	
Zip Country		Zip Coun		5. Certificate of Status Desired		SR 75 Additional		1	
6. Name and Address of Current F		legistered Agent		7. Name and Address of New		Registered Agent		1	
				e	~]
GORTZ, ALBERT W ESQ 2255 GLADES ROAD				t Address (f	P.O. Box Number	is Not Acceptable	(e)		1
SUITE 34			City				Zip Cod	 e	-
8. The above named entity submits this statement for the purpose of changing its re				or registers	ad agent or bett	in the state of F	FL Zip Coo		-
O. THE GOOVE	e named entity sobmits this statement for	the purpose of changing its in	agistered omce	e or registere		ioooo:	3260194	l6	
	•				·	-057.	19/0001113-	-021	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent sig	gnature required	when reinstating)		**61 <u>25</u> ***** DATE	<u>*b1.∠</u> 5	
FILE NOW: 9. Election Campaign Fi FEE IS \$61.25 Trust Fund Contribution				\$5.00 May Be Added to Fees Make Check Payable to Department of State)	1	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS (OLI	NOTE TO OFFIC	ERS AND DIRECTORS IN	110	4
TITLE	DP .	Delete	TITLE	D/P/	- ·-·	INGES TO OFFIC	ERS AND DIRECTORS IN Change	Addition	∤ĝ;
NAME	ALTMAN, JOEL		NAME		Altman, Joel L.		es change		6)
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431		STREET ADDRES	^{SS} 2201		te Blvd.,	\times Change		
TITLE NAME	D ALTMAN, GAIL	🔀 Delete	TITLE	D Altm	an, Sydne	λ. Λ	☐ Change	X Addition	5
STREET ADDRESS	2201 CORPORATE BLVD NW		NAME STREET ADDRES			-	NW, #200		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		Raton,			*** *********************************	{
NAME	ALTMAN, ROBERT	☐ Delete	TITLE NAME	1 -	bs ₌ II, Da	aniel .	☐ Change	🖾 Addition	
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titlé Name	ALTMAN, GAIL	☐ Delete	TITLE NAME	D/S Altm	an, Gail	H	⊠ Change	Addition	
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CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		Raton, 1	<u>FL 33431</u>			1
TITLE NAME	,	☐ Delete	TITLE NAME	D Will	iams, Del	hie	☐ Change	X Addition	}
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TITLE NAME		☐ Delete	TITLE NAME	D Myri	ck, Barba	ara J.	☐ Change	· 🛛 Addition	1
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CITY-ST-ZIP	<u> </u>	\	CITY-ST-ZIP	Boca	Raton, I	L 33431			
indicated	pertify that the information supplied with to on this report or supplemental report is to the control of the co	rue and accurate and that my	signature shal	I have the sa	ame legal effect.	as if made under	oath: that I am an officer.	or director	ļ
or the con	poration or the receiver or trustee empoy or on an attachment with an address, w	vered to execute this report as	required by C	napter 617,	Florida Statutes	and that my nam	e appears in Block 10 or	Block 11 if	

SIGNATURE:

SIGNATURE DE OF SIGNING OFFICER OF DIRECTOR

4/20/00 (561) 997-8661