

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 005 ****61.25

DOCUMENT # N94000002993

1. Entity Name
THE BANKATLANTIC FOUNDATION, INC.



Principal Place of Business
**1750 EAST SUNRISE BLVD.
FT. LAUDERDALE, FL 33304**

Mailing Address
**1750 EAST SUNRISE BLVD.
FT. LAUDERDALE, FL 33304**

34069396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0499150

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LEVAN-MARGOLIS, SHELLEY
1750 EAST SUNRISE BLVD
FORT LAUDERDALE, FL 33304**

Name
Levan Margolis, Shelley

Street Address (P.O. Box Number is Not Acceptable)
1750 East Sunrise Blvd.

Fort Lauderdale, FL 33304

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

Shelley Margolis

Shelley Margolis

4/19/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
LEVAN, ALAN B
1750 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SARRICA, LEWIS
1750 E. SUNRISE BLVD.
FT. LAUDERDALE, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
LEVAN-MARGOLIS, SHELLEY
1750 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
Levan Margolis, Shelley
1750 East Sunrise Blvd.
Fort Lauderdale, FL 33304** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Shelley Margolis

Executive Director

4/19/04

954-760-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #