

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90414 011 \*\*\*\*61.25

**DOCUMENT # N94000004273**

1. Entity Name

**THE PHILIP GUNNISON-FRANCIS ROSEN FOUNDATION, IN  
C.**



Principal Place of Business

**% FRANCES ROSEN  
279 S. BARRINGTON AVE.  
LOS ANGELES CA 90049**

Mailing Address

**% FRANCES ROSEN  
279 S. BARRINGTON AVE.  
LOS ANGELES CA 90049**

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 **65-6158179**

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

**FORBES, PHILIP H  
1200 NORTH FEDERAL HIGHWAY  
STE 411.  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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 **PTD**  Delete  
NAME **ROSEN, FRANCES**  
STREET ADDRESS **279 S. BARRINGTON AVENUE**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **ROSEN, DANIEL S**  
STREET ADDRESS **279 S. BARRINGTON AVENUE**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **ROSEN, RONALD K.S.**  
STREET ADDRESS **279 S. BARRINGTON AVENUE**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **HARDING, LISA B**  
STREET ADDRESS **279 S. BARRINGTON AVENUE**  
CITY-ST-ZIP **LOS ANGELES CA 90049**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **RAYMOND, JOHN J JR.**  
STREET ADDRESS **1200 N. FEDERAL HIGHWAY, SUITE 411**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: **FRANCES ROSEN**

1/6/03

310-471-9929

CR2E037 (10/02)