

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005746

1. Entity Name

THE SOBEL FAMILY FOUNDATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90113 012 ****61.25

Principal Place of Business Mailing Address
14615 SW 77TH COURT 14615 SW 77TH COURT
MIAMI FL 33158 MIAMI FL 33158-1651
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0623200

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

SOBEL, FRANK M
14615 S.E. 77TH COURT
MIAMI FL 33158

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 PD ☐ Delete
NAME SOBEL, FRANK M
STREET ADDRESS 14615 SW 77TH COURT
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME SOBEL, RICHARD G
STREET ADDRESS 19 CLOVER LANE
CITY-ST-ZIP WESTPORT CT 06880

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

TITLE STD ☐ Delete
NAME SOBEL, NANCY E
STREET ADDRESS 240 EAST 35TH ST
CITY-ST-ZIP NEW YORK NY

TITLE STD ☒ Change ☐ Addition
NAME SOBEL, NANCY E
STREET ADDRESS 81 FARM LAKE CRESCENT
CITY-ST-ZIP Chappaqua, NY 10514

TITLE D ☐ Delete
NAME SOBEL, JOHN L
STREET ADDRESS 2550 JARDIN
CITY-ST-ZIP WESTON FL 33327

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

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:

Frank M. Sobel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)