

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90024 013 ****61.25

03/12/01

DOCUMENT # N95000005882

1. Entity Name

THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY CHAR

Principal Place of Business

Mailing Address

6730 EPPING FORREST WAY
 #107
 JACKSONVILLE FL 32217
 US

6730 EPPING FORREST WAY
 #107
 JACKSONVILLE FL 32217
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3352837

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLLAK, LEWIS B SR
6730 EPPING FOREST WAY N.
#107
JACKSONVILLE FL 32217

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 Delete
 NAME **DPT POLLAK, LEWIS B**
 STREET ADDRESS **6730 EPPING FOREST WAY N. #107**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DPT POLLAK, BRENDA B**
 STREET ADDRESS **6730 EPPING FOREST WAY N. #107**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DPT POLLAK, LEWIS B JR**
 STREET ADDRESS **1879 MIDDLETON RD**
 CITY-ST-ZIP **HUDSON OH 44236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D POLLAK, WILLIAM D. II**
 STREET ADDRESS **2189 KEATS DR**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D POLLAK, KAREN E**
 STREET ADDRESS **6251 MARY KITCHENS RD**
 CITY-ST-ZIP **MILTON FL 32583**

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:

William D. Pollak SR

3/5/01

904-732-3045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)