

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90005 045 \*\*\*\*61.25

**DOCUMENT # N95000006025**

1. Entity Name

**HOLLANDER BROTHERS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3109 STIRLING ROAD  
 SUITE 200  
 FT. LAUDERDALE FL 33112

3109 STIRLING ROAD  
 SUITE 200  
 FT. LAUDERDALE FL 33112

00010007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0632111**

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

**HOLLANDER, WALTER J**  
**3109 STIRLING ROAD**  
**SUITE 200**  
**FT. LAUDERDALE FL 33112**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLANDER, WALTER J</b>	
STREET ADDRESS	<b>3109 STIRLING RD., SUITE 200</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33112</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLANDER, DAVID G</b>	
STREET ADDRESS	<b>3109 STIRLING RD., SUITE 200</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33112</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, RONALD D</b>	
STREET ADDRESS	<b>2699 STIRLING RD. SUITE B-100</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** SIGNATURE REQUIRED **WALTER J. HOLLANDER** 1/17/01 954 962-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)