

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
 01-14-2000 90037 050 ****61.25

DOCUMENT # N96000000113

1. Entity Name
GROSS FAMILY FOUNDATION, INC.

Principal Place of Business Mailing Address
 13647 DEERING BAY DRIVE, APT. 141 13647 DEERING BAY DRIVE, APT. 141
 FL 33158 MIAMI FL 33158-2828

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0644401** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GORDON, HOWARD W
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

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.

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	PTD GROSS, HOWARD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13647 DEERING BAY DRIVE, APT. 141		NAME		
CITY-ST-ZIP	MIAMI FL 33158		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	VDS GROSS, RENEE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13647 DEERING BAY DRIVE, APT. 141		NAME		
CITY-ST-ZIP	MIAMI FL 33158		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	D GROSS, ANDREW	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7605 S.W. 166 TERRACE		NAME		
CITY-ST-ZIP	MIAMI FL 33157		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	D GROSS, PETER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	159 MADLINA AVE.		NAME		
CITY-ST-ZIP	CORAL GABLES FL		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	D KALIK, PATRICIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145 STEINMETZ DRIVE		NAME		
CITY-ST-ZIP	MANCHESTER NH 03104		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY-ST-ZIP			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]* **REQUIRE** *[Signature]* **GROSS TE** *1/10/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)