

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**  
 04-06-2000 90016 040 \*\*\*\*70.00

**DOCUMENT # N96000002120**

1. Entity Name

**THE MARJORIE F. COWAN FAMILY FOUNDATION, INC.**

Principal Place of Business

3725 SO. OCEAN DRIVE STE 718  
 HOLLYWOOD FL 33019

Mailing Address

3725 SO. OCEAN DRIVE STE 718  
 HOLLYWOOD FL 33019-2909

A0033811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0665228  
~~65-0665778~~

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COWAN, IRVING**  
**3725 SO. OCEAN DRIVE STE 718**  
**HOLLYWOOD FL 33019**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, MARJORIE F	
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, IRVING	
STREET ADDRESS	3725 SO. OCEAN DRIVE STE 718	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, JONATHAN	
STREET ADDRESS	6949 TOWN HARBOUR BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, CINDY	
STREET ADDRESS	1276 SUNSET PLAZA DRIVE	
CITY-ST-ZIP	LOS ANGELES CA 90069	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHMAN, DEBBIE	
STREET ADDRESS	5321 NO. 36TH COURT	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1255 JACKSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

954-458-8998

Daytime Phone #

CR2E037 (9/99)