

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90039 043 ****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 |
|---|---|



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 65-0665228 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE NAME COWAN, MARJORIE F | <input type="checkbox"/> Delete |
| STREET ADDRESS 3725 SO. OCEAN DRIVE STE 718 | |
| CITY-ST-ZIP HOLLYWOOD FL 33019 | |
| TITLE NAME COWAN, IRVING | <input type="checkbox"/> Delete |
| STREET ADDRESS 3725 SO. OCEAN DRIVE STE 718 | |
| CITY-ST-ZIP HOLLYWOOD FL 33019 | |
| TITLE NAME COWAN, JONATHAN | <input type="checkbox"/> Delete |
| STREET ADDRESS 1255 JACKSON ST | |
| CITY-ST-ZIP HOLLYWOOD FL 33019 | |
| TITLE NAME COWAN, CINDY | <input type="checkbox"/> Delete |
| STREET ADDRESS 1276 SUNSET PLAZA DRIVE | |
| CITY-ST-ZIP LOS ANGELES CA 90069 | |
| TITLE NAME FISHMAN, DEBBIE | <input type="checkbox"/> Delete |
| STREET ADDRESS 5321 NO. 36TH COURT | |
| CITY-ST-ZIP HOLLYWOOD FL 33021 | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Marjorie F. Cowan* **MARJORIE F. COWAN** Date: 2/23/01 Daytime Phone #: 954-458-8998

CR2E037 (10/00)