


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 APR 24 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006234	
1. Entity Name <b>THE HYMAN A. AND IDA KIRSNER FAMILY FOUNDATION, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5100 Town Center Circle</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Boca Raton, Florida</b> Zip <b>33486</b> Country <b>U.S.A.</b>	3. Mailing Address <b>5100 Town Center Circle</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Boca Raton, Florida</b> Zip <b>33486</b> Country <b>U.S.A.</b>
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4. FEI Number <b>65-0711872</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Marvin A. Kirsner</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>5100 Town Center Circle</b>	
	Suite 400	
	City <b>Boca Raton</b>	FL Zip Code <b>33486</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *MARVIN A. KIRSNER* *[Signature]* **4/23/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>KIRSNER, HYMAN A.</b> <b>34 Star Island</b> <b>Miami Beach, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b> <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>KIRSNER, IDA</b> <b>34 Star Island</b> <b>Miami Beach, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>KIRSNER, HARRY, M.</b> <b>34 Star Island, Miami Beach, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>GOLDBERG, DIANE A.</b> <b>34 Star Island, Miami Beach, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>KIRSNER, MARVIN A.</b> <b>34 Star Island, Miami Beach, FL</b> <b>33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>KIRSNER, STEVEN A.</b> <b>34 Star Island, Miami Beach, FL</b> <b>33139</b>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/23/03** (561) 955-7630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Marvin A. Kirsner, Director**

CR2E037B (12/02)