

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90040 024 ****61.25

DOCUMENT # N96000006336

1. Entity Name

RABISON FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1006 EAST CYPRESS DRIVE
 POMPANO BEACH FL 33069

1006 EAST CYPRESS DRIVE
 POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-6225556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABISON, EVELYN
1006 EAST CYPRESS DRIVE
POMPANO BEACH FL 33069

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

Evelyn Rabison - President

Jan 10, 02

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	PD	<input type="checkbox"/> Delete
NAME	RBISON, EVELYN	
STREET ADDRESS	1006 E. CYPRESS DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RABISON, SAMUEL D	
STREET ADDRESS	112 KENDALL RD	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KUTZ-JACOBSON, SUE	
STREET ADDRESS	56 USISHKIN ST	
CITY-ST-ZIP	TEL AVIV IS	
TITLE	T	<input type="checkbox"/> Delete
NAME	RABISON, EVELYN	
STREET ADDRESS	1006 E. CYPRESS DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Evelyn Rabison

Jan 10, 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)