

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90097 008 \*\*\*\*70.00

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**DOCUMENT # N97000000102**

1. Entity Name  
**PODHURST FAMILY SUPPORTING FOUNDATION, INC.**



Principal Place of Business  
**4200 BISCAYNE BLVD  
MIAMI FL 33137**

Mailing Address  
**4200 BISCAYNE BLVD  
MIAMI FL 33137**

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 **65-0720334**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SETZER, ROBERT A  
4200 BISCAYNE BLVD  
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **LANDE, STEPHEN C.**

Street Address (P.O. Box Number is Not Acceptable)  
**4200 BISCAYNE BLVD**

City **MIAMI**

FL

Zip Code  
**33137**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>OREN, NEDRA</b>	<b>3526 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133</b>				
	<b>D</b>	<b>BRODIE, MYRON</b>	<b>4200 BISCAYNE BLVD MIAMI FL 33137</b>				
	<b>D</b>	<b>SOLOMON, JACOB</b>	<b>4200 BISCAYNE BLVD MIAMI FL 33137</b>				
	<b>DS</b>	<b>SELTZER, ROBERT A</b>	<b>4200 BISCAYNE BLVD MIAMI FL 33137</b>		<b>DS</b>	<b>LANDE, STEPHEN C.</b>	<b>4200 BISCAYNE BLVD MIAMI FL 33137</b>
	<b>D</b>	<b>OLIN, MICHAEL</b>	<b>25 WEST FLAGLER STREET MIAMI FL 33128</b>				
	<b>D</b>	<b>PODHURST, AARON</b>	<b>16200 WEST PRESTWICK PLACE MIAMI LAKES FL 33014</b>				

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: *Stephen C. Lande*

*1/27/03 305-576-4000*

CR2E037 (10/02)