

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000298

1. Entity Name

**WILLIAM AND JOAN BRODSKY FOUNDATION, INC.**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90001 044 \*\*\*\*61.25

Principal Place of Business <b>2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134 US</b>	Mailing Address <b>2800 PONCE DE LEON BLVD SUITE 1125 CORAL GABLES FL 33134-6919 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0724452</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>		

**6. Name and Address of Current Registered Agent**

**BREIER, ROBERT G ESQ**  
**2800 PONCE DE LEON BLVD**  
**SUITE 1125**  
**CORAL GABLES FL 33134**

**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 *William J. Brodsky* DATE 4/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRODSKY, WILLIAM</b> <b>2800 PONCE DE LEON BLVD SUITE 1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BRODSKY, JOAN</b> <b>2800 PONCE DE LEON BLVD SUITE 1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRODSKY, MICHAEL</b> <b>2800 PONCE DE LEON BLVD SUITE 1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRODSKY, STEVEN</b> <b>2800 PONCE DE LEON BLVD SUITE 1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRODSKY, JONATHAN</b> <b>2800 PONCE DE LEON BLVD SUITE 1125</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Stephen NOT Steven</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J. Brodsky* DATE 4/12/00 312-286-7001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)