

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000406

1. Entity Name

SELMA R. PLUZNICK FOUNDATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90038 010 ****61.25

Principal Place of Business

3211 SOUTH OCEAN BLVD.
 #801
 HIGHLAND BEACH FL 33487

Mailing Address

2111 S. OCEAN BLVD
 #801
 HIGHLAND BEACH FL 33489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Selma Pluznick
7563 Isla Verde Way
Delray Beach, FL 33446

Selma Pluznick
7563 Isla Verde Way
Delray Beach, FL 33446

4. FEI Number

65-0726237

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee, Required

6. Name and Address of Current Registered Agent

MILLER, JEROME R PA
1300 N FEDERAL HWY
BOCA RATON FL 33432

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 _____

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

TITLE	Selma Pluznick	<input type="checkbox"/> Delete
NAME	7563 Isla Verde Way	
STREET ADDRESS	Delray Beach, FL 33446	
CITY-ST-ZIP		
TITLE	VPU	<input type="checkbox"/> Delete
NAME	PLUZNICK, MICHAEL P	
STREET ADDRESS	41 W. OAKKNOLL DR.	
CITY-ST-ZIP	SAN ANSELMO CA 44960-1188	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARRIN PULZNICK, MARCY	
STREET ADDRESS	4581 FABLE CT	
CITY-ST-ZIP	SANTA ROSA CA 95404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Selma Pluznick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/00

CR2E037 (9/99)