

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001076

1. Entity Name

BEVERLY AND MARVIN MILLER FOUNDATION, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:06

Principal Place of Business

17153 ERICA ROSE COURT  
BOCA RATON FL 33496

Mailing Address

17153 ERICA ROSE COURT  
BOCA RATON FL 33496

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

65-0733649

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

MILLER, MARVIN  
17153 N.W. ERICAROSE COURT  
BOCA RATON FL 33496

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  
After September 12, 2001, min. will be \$236.25

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 NAME D MILLER, MARVIN  Delete  
STREET ADDRESS 17153 ERICA ROSE COURT  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME D MILLER, BEVERLY  Delete  
STREET ADDRESS 17153 ERICA ROSE COURT  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME  Change  Addition  
STREET ADDRESS 400004618584-5  
CITY-ST-ZIP -10/01/01--01081--002  
\*\*\*\*\*61.25-\*\*\*\*\*61.25

TITLE NAME D ALTMANN, LISA  Delete  
STREET ADDRESS 3859 NW 53RD STREET  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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: *[Signature]* SIGNATURE: *[Signature]*

9/20/01

561-470-2121

SP

0010887

CR2E037 (5/01)