

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000003395

1. Entity Name
 THE TOPPEL FAMILY FOUNDATION, INC.

Principal Place of Business 7900 GLADES ROAD STE 420 BOCA RATON FL 33434	Mailing Address 7900 GLADES ROAD STE 420 BOCA RATON FL 33434
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
65-6023320

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOPPEL HAROLD
 7900 GLADES ROAD STE 420
 BOCA RATON FL 33434 US

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 _____ DATE **05/03/2001**
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	D <input type="checkbox"/> Delete
NAME	TOPPEL JEFFREY
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	D <input type="checkbox"/> Delete
NAME	TOPPEL BROOKE
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	D <input type="checkbox"/> Delete
NAME	TOPPEL HAROLD
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	S <input type="checkbox"/> Delete
NAME	SAUER SHERI
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	T <input type="checkbox"/> Delete
NAME	TOPPEL JONATHAN
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	P <input type="checkbox"/> Delete
NAME	TOPPEL PATRICIA
STREET ADDRESS	7900 GLADES ROAD STE 420
CITY-ST-ZIP	BOCA RATON FL 33434

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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)(f), 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: SHERI SAUER S **05/03/2001**

CR2E037 (11/00)