

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90359 001 \*\*\*\*61.25

0001679

**DOCUMENT # N98000001934**

1. Entity Name   
**THE LBI CHILDREN'S FOUNDATION, INC.**  
**DBA/ LOVITO CHILDREN'S FOUNDATION**

Principal Place of Business Mailing Address  
 10100 WEST SAMPLE ROAD SUITE 401 10100 WEST SAMPLE ROAD SUITE 401  
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

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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 **65-0849928** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

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

**7. Name and Address of New Registered Agent**

~~GRANER, THOMAS U  
 301 YAMATO ROAD SUITE 4199  
 BOCA RATON FL 33431~~

Name ~~GRANER~~ **LOVITO, PAUL F JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10100 W SAMPLE RD**  
**SUITE 401**  
 City **CORAL SPRINGS** FL Zip Code **33065**

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 **1/14/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LOVITO, PAUL F JR</b> <input type="checkbox"/> Delete 10100 WEST SAMPLE ROAD SUITE 401 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LOVITO, KIMBERLY W</b> <input type="checkbox"/> Delete 10100 WEST SAMPLE ROAD SUITE 401 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LOVITO, MATTHEW J</b> <input type="checkbox"/> Delete 10100 WEST SAMPLE ROAD SUITE 401 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D LOVITO, MARC A. 10100 W Sample Rd #401 CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Lovito, Darrin J. 10100 W Sample Rd #401 CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Jose Caraballo 10100 W Sample Rd #401 CORAL SPRINGS, FL 33065</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, in all other like empowered.

SIGNATURE: **Director** DATE **4/14/01** (954)346-5799

CR2E037 (10/00)