

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90329 001 ****61.25

DOCUMENT # N99000004249

1. Entity Name

LEVAN FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1750 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304**

**1750 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304**

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

65-0934112

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

**LEVAN, ALAN B
 1750 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304**

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

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	LEEVAN, ALAN B	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	LEVAN, SHELLEY	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVAN, SUSAN	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVAN, JAARETT	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEVAN, JAARETT	
STREET ADDRESS	1750 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levan, Alan B	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levan, Rachelle	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levan, Jarrett	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levan, Jarrett Donald	
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)(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 REQUIRED Alan B. Levan 4/16/01 (954) 760-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)