

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007246

1. Entity Name

BLANCHE S. LEVINE FOUNDATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90050 005 ****61.25

Principal Place of Business

Mailing Address

300 RIDGEVIEW DRIVE
PALM BEACH FL 33480

300 RIDGEVIEW DRIVE
PALM BEACH FL 33480

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

65-0967368

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

SCHEPPE, MITCHELL D
C/O ROSEN & READE, LLP
777 S. FLAGLER DR., SUITE 1102
WEST PALM BEACH FL 33401

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVINE, BLANCHE S
300 RIDGEVIEW DRIVE
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAGLIARINO, MARGARET ANN
105 FIFTH AVENUE
NEW YORK NY 10003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOROWITZ, ELIZABETH JANE
637 GROVE ST. CARRIAGE HOUSE
UPPER MONTCLAIR NJ 07043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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 *Blanche S. Levine* **USE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

561-842-1188

Daytime Phone #

CR2E037 (9/99)