

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

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1. Corporation Name

THE LYNN AND DAVID RUSSIN FAMILY FOUNDATION, INC

Principal Place of Business
4200 BISCAYNE BOULEVARD
MIAMI FL 33137

Mailing Address
4200 BISCAYNE BOULEVARD
MIAMI FL 33137



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

65-0884200

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSE, STEPHEN E
4200 BISCAYNE BOULEVARD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/T
NAME SOLOMON, JACOB
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33137

TITLE D/S
NAME ROSE, STEPHEN E
STREET ADDRESS 4200 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33137

TITLE D
NAME GLICKSTEIN, RABBI GARY
STREET ADDRESS 4144 CHASE AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D
NAME ADLER, SARA
STREET ADDRESS 1400 N.W. 107TH AVENUE - 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME COHEN, DANIEL M.D.
STREET ADDRESS 4302 ALTON ROAD, SUITE 115
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D/P
NAME RUSSIN, LYNN
STREET ADDRESS 715 WEST 49TH STREET
CITY-ST-ZIP MIAMI BEACH FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/VP
1.2 NAME ELIZABETH TURNER
1.3 STREET ADDRESS 225 CENTRAL PARK W. APT 805
1.4 CITY-ST-ZIP NEW YORK, NY 10024

2.1 TITLE D/VP
2.2 NAME PETER RUSSIN
2.3 STREET ADDRESS 200 S. BISCAYNE BLVD, #2420
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE D/VP
3.2 NAME JULIE BERCOV
3.3 STREET ADDRESS 590 LAKEVIEW DR.
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)