

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005312

1. Entity Name

THE EDLAVITCH AND TYSER FOUNDATION INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90080 034 ****61.25

Principal Place of Business

500 S OCEAN BLVD
1408
BOCA RATON FL 33432
US

Mailing Address

~~P.O. BOX 39234
WASHINGTON DC 20016-9234~~

2. Principal Place of Business

3. Mailing Address

500 S. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

Country

33432 USA

4. FEI Number

52-1423806

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

EDLAVITCH, SELMA T
500 SOUTH OCEAN BOULEVARD, APT. 1408
BOCA RATON FL 33432-6251

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	PD	<input type="checkbox"/> Delete
NAME	EDLAVITCH, SELMA T	
STREET ADDRESS	500 SOUTH OCEAN BLVD., APT. 1408	
CITY-ST-ZIP	BOCA RATON FL 33432-6251	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSTIG, M B RABBI	
STREET ADDRESS	% WASH. HEBREW CONG./MACOMB @ MASS AV NW	
CITY-ST-ZIP	WASHINGTON DC 20016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KURT, STURN	
STREET ADDRESS	#1 ANNAPOLIS ST. 2ND FLOOR	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)