## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # N9700002562 Jul 24, 2000 8:00 am Secretary of State 1. Entity Name THE DANIEL D. CANTOR FOUNDATION, INC. 07-24-2000 90009 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 8411 LAGOS DE CAMPO BLVD. 8411 LAGOS DE CAMPO BLVD. BLDG. U. APT. 103 BLDG. U. APT. 103 TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CANTOR, DANIEL D 84-11 LAGOS DE CAMPO BLVD **UX-103** City Zip Code TAMARAC FL 33321 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. BRUCE M. BERGER **Addition** TITLE ☐ Delete TITLE 513 N.E. 6th Street #6 CANTOR, DANIEL D NAME NAME STREET ADDRESS STREET ADDRESS 8411 LAGOS DE CAMPO BLVD. autorbale The 33304 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME KASMIR, RONNIE D NAME STREET ADDRESS STREET ADDRESS 116 BURYWOOD DRIVE CITY-ST-7IP CITY-ST-7IP SEVERNA PARK MD 21146 TITLE ☐ Addition TITLE ☐ Change LITOW, LAURENCE S NAME NAME 3991 NORTH 39TH AVENUE STREET ADDRESS STREET ADDRESS HB(LYWOOD FL 33021 CITY-ST-7/P CITY-ST-ZIP D TITLE TITLE ☐ Change ☐ Addition **CUTLER, STEVEN W** NAME NAME **6015 SWEET MAPLE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Director

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR