

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011176

**Entity Name:** PAUL S. PARISER FOUNDATION, INC.

**FILED**  
**Jun 10, 2014**  
**Secretary of State**  
**CC1699715285**

**Current Principal Place of Business:**

4700 NW BOCA RATON BOULEVARD  
SUITE 104  
BOCA RATON, FL 33431-4860

**Current Mailing Address:**

4700 NW BOCA RATON BOULEVARD  
SUITE 104  
BOCA RATON, FL 33431-4860

**FEI Number: 56-2606991**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBERT MARC SCHWARTZ, P.A.  
4700 NW BOCA RATON BOULEVARD, SUITE 104  
BOCA RATON, FL 33431-4860 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name PARISER, PAUL S  
Address P O BOX 160278  
City-State-Zip: BIG SKY MT 59716

Title D  
Name PARISER, BENJAMIN S  
Address 3200 80TH AVE SE APT 5  
City-State-Zip: MERCER ISLAND WA 98040

Title D  
Name SCHLOSSBERG, ELI  
Address 3207 FALLSTAFF RD  
City-State-Zip: BALTIMORE MD 21215

Title D  
Name LEFF, MARVIN  
Address 1323 DAVIES ROAD  
City-State-Zip: FAR ROCKAWAY NY 11691

Title D  
Name PARISER, ALAN D  
Address P O BOX 531453  
City-State-Zip: HENDERSON NV 89053

Title D  
Name SCHWARTZ, ROBERT M  
Address 4700 NW BOCA RATON BLVD, SUITE 104  
City-State-Zip: BOCA RATON FL 33431-4860

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL S. PARISER**

**PRESIDENT**

**06/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date