

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002708

Entity Name: GLAZER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**ONE BUCCANEER PLACE
TAMPA, FL 33607**Current Mailing Address:**ONE BUCCANEER PLACE
TAMPA, FL 33607 US**FEI Number:** 59-3578188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, DAVID S
ONE BUCCANEER PLACE
TAMPA, FL 33607 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:** DAVID S. COHEN

07/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CO- PRESIDENT,
SECRETARY
Name GLAZER, EDWARD
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name GLAZER, JOEL
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR, CO-PRESIDENT,
TREASURER
Name GLAZER KASSEWITZ, DARCIE
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name GLAZER, BRYAN
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name GLAZER, KEVIN
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name GLAZER, AVRAM
Address ONE BUCCANEER PLACE
City-State-Zip: TAMPA FL 33607

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: JOEL GLAZER**DIRECTOR**

07/09/2015

Electronic Signature of Signing Officer/Director Detail

Date