

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737665

1. Entity Name

THE IRVING AND SALLY MARANTZ SCHOLARSHIP FOUNDAT

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90075 012 ****61.25

| | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business % IRA BIGMAN 23341 TORRE CIR BOCA RATON FL 33433 US | Mailing Address % IRA BIGMAN 23341 TORRE CIR BOCA RATON FL 33433-7027 US |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-1712933 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

6. Name and Address of Current Registered Agent

BIGMAN, IRA
23341 TORRE CIR
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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 _____ (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

| | | |
|------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BIGMAN, IRA 23341 TORRE CIR BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BIGMAN, BARBARA 23341 TORRE CIR BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STARKMAN, ELLEN 14821 SW 98 AVE MIAMI FL 33176 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: IRA E. BIGMAN **NOT REQUIRED** 1/12/00 (561)338-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)