

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749519

1. Entity Name

THE EPPLER FAMILY FOUNDATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 014 ****61.25

Principal Place of Business Mailing Address
%CEW PARTNERS %CEW PARTNERS
45 ROCKEFELLER PL., SUITE 2500 45 ROCKEFELLER PL., SUITE 2500
NEW YORK NY 10020 NEW YORK NY 10020-2204

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1949552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EPPLER, HEINZ
150 N. OCEAN BLVD., P.H. 2
PALM BEACH FL 33480

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	PTD	<input type="checkbox"/> Delete
NAME	EPPLER, HEINZ	
STREET ADDRESS	150 N.OCEAN BLVD.,PH 2	
CITY-ST-ZIP	PALM BEACH FL 33480-3951	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EPPLER, RUTHE	
STREET ADDRESS	150 N.OCEAN BLVD.,PH 2	
CITY-ST-ZIP	PALM BEACH FL 33480-3951	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLVIN, MARCIA	
STREET ADDRESS	1185 PARK AVE., 10G	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFF, NANCY EPPLER	
STREET ADDRESS	5000 GOODRIDGE AVE.	
CITY-ST-ZIP	RIVERDALE NY 10471	
TITLE	D	<input type="checkbox"/> Delete
NAME	EPPLER, DAVID	
STREET ADDRESS	5116 MOORLAND LANE	
CITY-ST-ZIP	BETHESDA MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)