## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 25, 2002 8:00 am Secretary of State **DOCUMENT # 753989** THE JEANNE AND IRWIN LEVY FOUNDATION, INC. 02-25-2002 90574 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 4601 COMMUNITY DRIVE 4 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760 GET PALM BEACH FL 33417-9760 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2033830 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEVY, MARK JEWISH FEDERATION OF PALM BCH CTY, INC 4601 COMMUNITY-DR. . . Zip Code WEST PALM BCH FL 33417 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition TITLE ☐ Delete TITLE Century Blud NAME LEVY, MARK NAME STREET ADDRESS 100 BENTURY BLVD STREET ADDRESS West Palm Beach, FL 23417 CITY-ST-ZIP WEST PALM BEACH FL 33417 CITY-ST-ZIP VSD ☐ Delete TITLE TITLE LEVY, H I NAME NAME STREET ADDRESS STREET ADDRESS 900 N.LAKE WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE BRENNER, STANLEY NAME NAME 1645 PALM BEACH LKS BV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP w. Palm Beach Fl ☐ Addition [ Change □ Delete TITLE SHULMAN, ALAN NAME STREET ADDRESS 377 NORTH LAKE WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE GREEN, BERNARD R NAME NAME STREET ADDRESS 583 NORTH LANE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED