

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90167 024 \*\*\*\*61.25

**DOCUMENT # 769083**

1. Entity Name

**THE ELEANOR M. AND HERBERT D. KATZ FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

200 E. BROWARD BLVD., STE. 1500  
 P.O. BOX 1900  
 FT LAUDERDALE FL 33302

200-E. BROWARD BLVD., STE. 1500  
 P.O. BOX 1900  
 FT LAUDERDALE FL 33302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2320940**

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

**KATZ, THOMAS O.**  
**200 E BROWARD BLVD**  
**FT LAUDERDALE FL 33302**

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          | DP                    | <input type="checkbox"/> Delete |
| NAME           | KATZ, ELEANOR M.      |                                 |
| STREET ADDRESS | 4030-C SHERIDAN ST    |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021    |                                 |
| TITLE          | DV                    | <input type="checkbox"/> Delete |
| NAME           | KATZ, HERBERT D       |                                 |
| STREET ADDRESS | 4030-C SHERIDAN ST.   |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KATZ, LAURA J.        |                                 |
| STREET ADDRESS | 5307 ELLIOTT RD.      |                                 |
| CITY-ST-ZIP    | BETHESDA MD           |                                 |
| TITLE          | DST                   | <input type="checkbox"/> Delete |
| NAME           | KATZ, THOMAS O.       |                                 |
| STREET ADDRESS | 200 E BROWARD BLVD    |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KATZ, SALLY L.        |                                 |
| STREET ADDRESS | 1 INDEPENDENCE/UNIT 1 |                                 |
| CITY-ST-ZIP    | PHILADELPHIA PA       |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | KATZ, DANIEL W.       |                                 |
| STREET ADDRESS | 673 N.W. 110TH AVENUE |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33324   |                                 |

|                |   |
|----------------|---|
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 984-527-2419

Date

Daytime Phone #

CR2E037 (9/01)