

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90225 033 \*\*\*\*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**      **200 E. BROWARD BLVD., STE. 1500**  
**P.O. BOX 1900**      **P.O. BOX 1900**  
**FT LAUDERDALE FL 33302**      **FT LAUDERDALE FL 33302**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2320940</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>KATZ, THOMAS O.</b> <b>200 E BROWARD BLVD</b> <b>FT LAUDERDALE FL 33302</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, ELEANOR M.			NAME			
STREET ADDRESS	4030-C SHERIDAN ST			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, HERBERT D			NAME			
STREET ADDRESS	4030-C SHERIDAN ST.			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, LAURA J.			NAME			
STREET ADDRESS	5307 ELLIOTT RD.			STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, THOMAS O.			NAME			
STREET ADDRESS	200 E BROWARD BLVD			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, SALLY L.			NAME			
STREET ADDRESS	1 INDEPENDENCE/UNIT 1			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, DANIEL W			NAME	<i>D</i> Katz, Daniel W.		
STREET ADDRESS	673 N.W. 110TH AVENUE			STREET ADDRESS	<i>12914 Stonebrook Drive</i>		
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP	<i>Davie, FL 33330</i>		

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]*      Date: *1-6-03*      Daytime Phone #: *954-527-2419*

CR2E037 (10/02)