## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 817867** 04-28-2003 90456 031 \*\*\*\*61.25 HARRY BRODIE FOUNDATION, INC. Principal Place of Business Mailing Address % EDWARD LEVINSON % EDWARD LEVINSON .. 407 LINCOLN RD. PH-EAST 407 LINCOLN RD. PH-EAST MIAMI BCH FL 33139 MIAMI BCH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 52-6046827 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINSON ESQ,EDWARD E Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD PENTHOUSE EAST MIAMI BCH FL 33139 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE Brodie, Zebulon J NAME NAME 893 N.E. 79TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE Brodie, Beatrice NAME NAME 893 N.E. 79TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP ☐ Delete TITLE Change Addition KAISER, SUZANNE NAME NAME 893 N.E. 79TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP 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

TITLE

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NAME

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🔘 Zebulon J. Brodie

☐ Delete

☐ Delete

☐ Delete

4-22-2003

(410)810-0036

☐ Change

☐ Change

■ Addition

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Addition