

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91057 007 ****61.25

DOCUMENT # 840077

1. Entity Name

THE RUSSEK FOUNDATION, INC.



Principal Place of Business

**555 S FEDERAL HWY
STE 310
BOCA RATON FL 33432**

Mailing Address

**555 S FEDERAL HWY
STE 310
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSEK, ELAYNE--
600 S. OCEAN BLVD.
BOCA RATON FL 33432**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PESHKIN, RICHARD, DR.	
STREET ADDRESS	5227 A LAKE CATALINA DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	RUSSEK, ELAYNE	
STREET ADDRESS	600 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESHKIN, KAREN	
STREET ADDRESS	5227 A LAKE CATALINA DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSEK, LINDA G PH.D	
STREET ADDRESS	5440 N AIRWAY DR	
CITY-ST-ZIP	TUCSON AZ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSSEK, SHELLEY J PH.D	
STREET ADDRESS	868 NEWTON STREET	
CITY-ST-ZIP	CHESTNUT HILL MA	
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
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CITY-ST-ZIP		
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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:

ELAYNE RUSSEK
ELAYNE RUSSEK

3/14/03

561-368-1946

CR2E037 (10/02)