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

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90139 005 ****61.25

0039936

DOCUMENT # F00000000783

1. Entity Name
GIFT OF LIFE BONE MARROW FOUNDATION, INC.

60008946

Principal Place of Business	Mailing Address
2464 CORAL TRACE PL DELRAY BEACH FL 33445	2464 CORAL TRACE PL DELRAY BEACH FL 33445

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7700 CONGRESS AVE	7700 CONGRESS AVE.
Suite, Apt. #, etc.: 2201	Suite, Apt. #, etc.: 2201
City & State: BOCA RATON	City & State: BOCA RATON
Zip: 33487 Country: PALM BEACH	Zip: 33487 Country: PALM BEACH

4. FEI Number 22-3131232 ☐ Applied For ☐ Not Applicable

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
FEINBERG, JACOB 4740 YARDARM LANE BOYNTON BEACH FL 33436	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FEINBERG, JAY 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROWAN KALICHSTEIN, ESQ 101 DURAND RD. MAPLEWOOD, N.J. 07040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FEINBERG, JACOB 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROCHELLE SISLEN 9139 MC DONALD DR. BETHESDA, MD. 20817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FEINBERG, ARLENE 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RUTH SPECTOR, MD 21 FOX HUNT LANE GREAT NECK, N.Y. 11020	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jacob N. Feinberg **REQUIRED** 1/8/03 561-988-0100 X15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR