

2001 UNIFORM BUSINESS\$ REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90161 043 ****61.25

DOCUMENT # F97000001473

1. Entity Name

MICHAEL AND DIANE ROSENBERG FAMILY FOUNDATION, I

Principal Place of Business

**5580 PETERSON LANE. STE. 250. LB 10
DALLAS TX 75240**

Mailing Address

**5580 PETERSON LANE. STE. 250. LB 10
DALLAS TX 75240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2696894**

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

**ROSENBERG, MICHAEL N DR.
8740 N. KENDALL DR., STE. 203
MIAMI FL 33176**

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 **CP** ☐ Delete
NAME **ROSENBERG, MICHAEL N DR.**
STREET ADDRESS **3550 ROYAL PALM AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **ROSENBERG, BARBARA D.**
STREET ADDRESS **3550 ROYAL PALM AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROSENBERG, GLENN I**
STREET ADDRESS **2808 MCKINNEY AVE., APT. 309**
CITY-ST-ZIP **DALLAS TX 75204**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Glenn I. Rosenberg**
CITY-ST-ZIP **2807 Allan Street, PMB 632**
Dallas, TX 75204

TITLE **D** ☐ Delete
NAME **ROSENBERG, ALLISON D**
STREET ADDRESS **245 E. 63RD ST., APT. 30B**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-01 305 2743113

CR2E037 (10/00)