

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90212 016 ****61.25

0068801

DOCUMENT # F97000003054

1. Entity Name

THE PLANNED PARENTHOOD FOUNDATION, INC.

Principal Place of Business

**810 7TH AVE.
 NEW YORK NY 10019**

Mailing Address

**810 7TH AVE.
 NEW YORK NY 10019**

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

13-3772613

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 **CEO** ☐ Delete
 NAME **FELDT, GLORIA**
 STREET ADDRESS **810 7TH AVE.**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **AS** ☐ Delete
 NAME **MINOW, JAMES**
 STREET ADDRESS **810 7TH AVE.**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **T** ☒ Delete
 NAME **DUKE, ROBIN C**
 STREET ADDRESS **810 7TH AVE.**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **Assistant Treasurer** ☐ Change ☐ Addition
 NAME **Larry Moreland**
 STREET ADDRESS **810 7th Ave**
 CITY-ST-ZIP **New York, N.Y. 10009**

TITLE **C** ☐ Delete
 NAME **FISHER, GORDON D**
 STREET ADDRESS **810 7TH AVE.**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **SEC** ☐ Delete
 NAME **ALLISON, SHARON**
 STREET ADDRESS **810 7TH AVE.**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **Treasurer** ☐ Delete
 NAME **FRANKLIN, STERLING**
 STREET ADDRESS **810 7TH AVE**
 CITY-ST-ZIP **NEW YORK NY 10019**

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

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:

Larry Moreland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-541-7800

CR2E037 (10/00)