

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90226 037 \*\*\*\*61.25

**DOCUMENT # NO00000000101**

1. Entity Name

**BAUER BISGEIER FOUNDATION, INC.**

Principal Place of Business

3600 YACHT CLUB DR. APT. 802 TOWER 2  
AVENTURA FL 33180

Mailing Address

3600 YACHT CLUB DR. APT. 802 TOWER 2  
AVENTURA FL 33180

2. Principal Place of Business

**4113 NW 53 Street**

3. Mailing Address

**4113 NW 53 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-0967296**

Applied For

Not Applicable

Zip  
**33496**

Country

Zip  
**33496**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SULZBERGER, ERIC W  
1090 KANE CONCOURSE, STE. 201  
BAY HARBOUR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

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

TITLE **President** ☐ Delete  
NAME **Millicent Bauer**  
STREET ADDRESS **4113 NW 53 Street**  
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **Treasurer** ☐ Delete  
NAME **Benjamin Bauer**  
STREET ADDRESS **4113 NW 53 Street**  
CITY-ST-ZIP **Boca Raton, FL 33496**

TITLE **Secretary** ☐ Delete  
NAME **Jeff Bauer**  
STREET ADDRESS **4 Thomas Road**  
CITY-ST-ZIP **Danvers, MA 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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: Millicent Bauer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/24/01**

CR2E037 (10/00)

**62380**



DO NOT WRITE IN THIS SPACE