

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90027 020 ***150.00

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1. Entity Name

THE SISSER FAMILY FOUNDATION, INC.



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE SUITE 1200
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE SUITE 1200
MIAMI FL 33133

J4003331

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

65-0985878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 S BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

ERIC R. SISSER

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore Dr.

Suite 1200

City

MIAMI FL

FL

Zip Code

33133

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 a 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
Due By May 1, 2004**

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

TITLE DP
NAME SISSER, ERIC R ☐ Delete
STREET ADDRESS 1880 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME SISSER, CAMERON E ☐ Delete
STREET ADDRESS 1880 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE DST
NAME ABBOTT, ELIOT ☐ Delete
STREET ADDRESS 641 NORTH GREENWAY DRIVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DV
NAME MADORSKY, MARSHA ☐ Delete
STREET ADDRESS 2000 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04