

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004289

1. Entity Name

ETHEL AND ABRAHAM GLASS CHARITABLE FOUNDATION, I

Principal Place of Business

7325 LA RESERVE CIRCLE
TAMARAC FL 33321

Mailing Address

7325 LA RESERVE CIRCLE
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KAPLAN, NORMAN D ESQ.
7770 W. OAKLAND PARK BLVD.
SUITE 470
SUNRISE FL 33351

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 D ☐ Delete
NAME HAUPT, ROBERT A
STREET ADDRESS 7325 LA RESERVE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ Delete
NAME HAUPT, MARCY
STREET ADDRESS 7325 LA RESERVE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☒ Delete
NAME KAPLAN, NORMAN D
STREET ADDRESS 7770 W OAKLAND PARK BLVD. #470
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME Bonnie Brumer
STREET ADDRESS 6511 MgLn DR
CITY-ST-ZIP BOYNTON Beach, FL 33437

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

TITLE ☐ Change ☐ Addition
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 or without like empowered.

SIGNATURE: *Robert Haupt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90046 035 ****61.25

00035666



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1019738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)