2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006626

THE GOLDSTEIN FAMILY FOUNDATION, INC.



FILED Aug 15, 2003 8:00 am Secretary of State

08-15-2003 90081 049 ****61.25

					•					
Principal Place of Business				ng Address			7			
10479 STONEBRIDGE BLVD. BOCA RATON FL 33498			10479 STONEBRIDGE BLVD. BOCA RATON FL 33498							
2. Principal F	Place of Busin	1888	3. Ma	illing Address						8 (8 8))) 1 8 3)
z. Trinopar race of buginess			d. Maning Address					ı 70 131 40 111 30 111 40111 41 111 40		9/3 0 131 (301
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 65-1045440 Applied For Not Applicable			
Zip	Zip Country		Zip Cou		ountry	5. Certificate of Status Desired \$8.75 Additional Fee Required		ditional		
6. Name and Address of Current			Register	ed Agent	ــــــــــــــــــــــــــــــــــــــ	1	7. Name and Addr	ess of New Registered		
,						Name				
Goldstein, Sheldon S 10479 Stonebridge Blvd.				Street Address			(P.O. Box Number is Not Acceptable)			
	ATON FL 33									
						City		FL	Zip Cod	ie
8. The above	named entit	y submits this statement fo	r the purp	oose of changing its	registe	red office or registe	ered agent, or both, in the		familiar with.	and accept
	tions of regist				3	3				
CICNIATURE	¥.									
SIGNATURE	Signature, typed	or printed name of registered agent	and title if ap	elicable. (NOT	E: Register	red Agent signature require	ed when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236				9. Election Campaign Financing 6.25 Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Checi		
And September 10, 2005, min will be \$2) // user und v	501111150		Added to Fees	Florida Depar	unent or a	State
10.		OFFICERS AND DI	RECIONS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	V 10
title Name	PD	IN ICCEDEV D		☐ Delete	TITI	. 1			Change	☐ Addition
STREET ADDRESS		in, jeffrey p Cutive blvd., suite (101			REET ADDRESS				
CITY-ST-ZIP	SUFFERN				CIT	Y-ST-ZIP				
TITLE	VPD			☐ Delete	titi	LE			☐ Change	☐ Addition
NAME STREET ADDRESS	RESNICK,		004		NAI	ME REET ADDRESS				
CITY-ST-ZIP		CUTIVE BLVD., SUITE (NY 10901			- 8	Y-ST-ZIP.				
TITLE	VPD			☐ Delete	TIT	LE .			☐ Change	Addition
NAME		n, sheldon s			NA					
STREET ADDRESS CITY-ST-ZIP		ONEBRIDGE BLVD.				REET ADDRESS Y-ST-ZIP				
TITLE	STD	TON FL 33498		☐ Delete	TITI				☐ Change	☐ Addition
NAME		JEANETTE		□ Delete	NAM	i			Unalige	
STREET ADDRESS	TWO EXEC	Cutive BlvD., Suite 3	101			REET ADDRESS				ľ
CITY-ST-ZIP	SUFFERN	NY 10901		·	CIT	Y-ST-ZIP				
TITLE				☐ Delete	TITL				☐ Change	☐ Addition
NAME STREET ADDRESS					NAM STR	ME REET ADDRESS				
CITY-ST-ZIP	L					Y-ST-ZIP				}
TITLE .				☐ Delete	TITL	L.			☐ Change	☐ Addition
NAME OTDEET ADDRESS					NAM	- 1				
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP				
	L	information quantied with	this filias	doog bet gualify for		mention stated in St	notion 110 07(2)(i) Flor		N.C. ab = A ab = 5	-4

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: