

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90011 046 \*\*\*61.25

**DOCUMENT # N00000008254**

1. Entity Name  
**THE CARROCCIA FAMILY FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
**900 GREENWARD LANE G203**      **900 GREENWARD LANE G203**  
**DELRAY BEACH FL 33445**      **DELRAY BEACH FL 33445**

2. Principal Place of Business      3. Mailing Address  
**4820 GLENN PINE LANE**      **4820 GLENN PINE LANE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**BOYNTON BEACH FL**      **BOYNTON BEACH FL**  
 Zip      Country      Zip      Country  
**33436**      **PALM BEACH**      **33436**      **PALM BEACH**

4. FEI Number      Applied For  
**65-1063181**      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  
**DONOFF, CRAIG**  
**6100 GLADES ROAD SUITE 204**  
**BOCA RATON FL 33434**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROCCIA, JEANETTE</b> <b>900 GREENWARD LANE G203</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROCCIA, ALFRED M JR</b> <b>900 GREENWARD LANE G203</b> <b>DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELANOY, EDWARD</b> <b>1624 RACCOON DRIVE</b> <b>TOMS RIVER NJ 08755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: ALFRED M. CARROCCIA, POA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **2/11/01**      Daytime Phone #: **561-865-2191**



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)