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

## DOCUMENT # N0000008408

1. Entity Name

## POSNICK FAMILY FOUNDATION, INC.

01-23-2003 90220 026 \*\*\*\*61.25

**FILED** 

Jan 23, 2003 8:00 am Secretary of State

{					GOO WE THE					
Principal Place of	of Business	Mailin	g Address		·					
2800 PONCE DE LEON BLVD. SUITE 1125		C/O MICHAEL POSNICK 51 WEST 86TH ST., APT. #1002				-				
CORAL GABLES F	FL 33134	NEW Y	ORK NY 10024		-	1 HEADINET EN RESI	r daniya adayna ar <b>a</b> niya daniya daniya daniya daniba		A A A A A A A A A A A A A A A A A A A	
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· <del></del>		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 65	4. FEI Number 65-1068212		pplied For ot Applicable	
Zip	Country Zip		)	Country		5. Certificate of Sta	5. Certificate of Status Desired 58.75 Additional Fee Required			
	6. Name and Address of Current	414	d Agent		T	7. Name and Addre	ess of New Registered Ag			
					Name					
HERMAN, ALISON P					Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
2800 PONCE DE LEON BLVD.										
SUITE 1125 CORAL GABLES FL 33169					L					
COUNT CURPLES I F 00 109				City	FL (Zip Code			le		
	med entity submits this statement fo	or the purp	ose of changing its	register	ed office or reg	sistered agent, or both, in the	ne State of Florida. I am far	miliar with	and accept	
the obligation	s of registered agent.									
									ĺ	
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Re					d Agent signature re	quired when reinstating)	DATE	<del></del>		
		<del></del> r								
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State					
10,	10. OFFICERS AND DIRECTOR			111.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VI	==		☐ Delete	TITLE	E		[	Change	☐ Addition	
	OSNICK WAKSMAN, BETSY			NAM	-				☐ Addition	
	800 PONCE DE LEON BLVD.				ET ADDRESS   - ST-ZIP				}	
	ORAL GABLES FL 33134			CITY	-31-21					
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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 empoyed 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 attachate that my name appears in Block 10 or Block 11 if changed, or on an attachategit with an address, yet all other like empowered.

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