

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000000158**

1. Entity Name

STEINBERG FAMILY FOUNDATION, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90354 047 *****61.25

Principal Place of Business

**1313 PELICAN AVE.
NAPLES FL 34102**

Mailing Address

**1313 PELICAN AVE.
NAPLES FL 34102**

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

65-1077309

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEINBERG, DALE H
1313 PELICAN AVE.
NAPLES FL 34102**

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 **P D** ☐ DeleteNAME **DALE H. STEINBERG**STREET ADDRESS **1313 PELICAN AVE**CITY-ST-ZIP **NAPLES, FL 34102**TITLE **T D** ☐ DeleteNAME **JOYCE STEINBERG**STREET ADDRESS **1313 PELICAN AVE**CITY-ST-ZIP **NAPLES, FL 34102**TITLE **S D** ☐ DeleteNAME **DANIEL STEINBERG**STREET ADDRESS **71 EMERALD WOODS DR. 34108**CITY-ST-ZIP **NAPLES, FL 34102**TITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ DeleteTITLE ☐ DeleteNAME ☐ DeleteSTREET ADDRESS ☐ DeleteCITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001465

CR2E037 (10/00)