2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000158 1. Entity Name

STEINBERG FAMILY FOUNDATION, INC.



04-28-2003 91376 040 ****61.25

Apr 28, 2003 8:00 am Secretary of State

	The second secon	
Principal Place of Business	Mailing Address	
1313 PELICAN AVE. NAPLES FL 34102	1313 PELICAN AVE. NAPLES FL 34102	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CHECK HER
City & State	City & State	4. FEI Number 65-1077309
Zip Cour	Tiry Zip- Country Country	5. Certificate of Status Desired
6. Name and Add	iress of Current Registered Agent	7. Name and Address of New
	Name	·

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☐ CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

\$8.75 Additional

Zip Code

Fee Required ne and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

STEINBERG, DALE H 1313 PELICAN AVE. NAPLES FL 34102

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.	I am familiar with, and accept
	the obligations of registered agent.	*

City

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, DALE H 1313 PELICAN AVE NAPLES FL 34102	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINBERG, JOYCE 1313 PELICAN AVE NAPLES FL 34102	□ Delete	TITLE NAME STREET ADDRESS** CITY-ST-ZIP	laws to Est.	<u>.</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINBERG, DANIEL 71 EMERALD WOODS DR 34108 NAPLES FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2854 ARBUT	0\$ ST. 34112.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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 eath; 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 wi h an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ALF H. STEINBERG. 4-24-03 (239)774-2228