## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 14, 2002 8:00 am Secretary of State DOCUMENT # N0100005623 EDWARD AND BLOSSOM LEIBOWITZ FAMILY FOUNDATION, 01-14-2002 90068 048 \*\*\*\*61.25 INC. Principal Place of Business Mailing Address 1039 GUISANDO DE AVILA 1039 GUISANDO DE AVILA TAMPA FL 33613 **TAMPA FL 33613** 902903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3736<u>869</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEIBOWITZ, EDWARD R 1039 GUISANDO DE AVILA **TAMPA FL 33613** 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) Œ 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State . Ô 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition CR2E037 (9/01 leibowitz, edward r NAME NAME 1039 GUISANDO DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition LEIBOWITZ, BLOSSOM M NAME NAME STREET ADDRESS 1039 GUISANDO DE AVILA STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KUHN, JASON NAME STREET ADDRESS 16406 MILAN DE AVILA STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KUHN. SUSAN L NAME NAME STREET ADDRESS 16406 MILAN DE AVILA STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LEIBOWITZ, DAVID S NAME NAME

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,

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

256 BEACON STREET APT 7

256 BEACON STREET APT 7

BOSTON MA 02116

**BOSTON MA 02116** 

LEIBOWITZ, STACEY B

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition