

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90068 048 \*\*\*\*61.25

**DOCUMENT # N01000005623**

1. Entity Name

**EDWARD AND BLOSSOM LEIBOWITZ FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1039 GUI SANDO DE AVILA  
 TAMPA FL 33613**

**1039 GUI SANDO DE AVILA  
 TAMPA FL 33613**

902903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3736869**

Applied For

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

**LEIBOWITZ, EDWARD R  
 1039 GUI SANDO DE AVILA  
 TAMPA FL 33613**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, EDWARD R</b>	
STREET ADDRESS	<b>1039 GUI SANDO DE AVILA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, BLOSSOM M</b>	
STREET ADDRESS	<b>1039 GUI SANDO DE AVILA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUHN, JASON</b>	
STREET ADDRESS	<b>16406 MILAN DE AVILA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUHN, SUSAN L</b>	
STREET ADDRESS	<b>16406 MILAN DE AVILA</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, DAVID S</b>	
STREET ADDRESS	<b>256 BEACON STREET APT 7</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, STACEY B</b>	
STREET ADDRESS	<b>256 BEACON STREET APT 7</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

*Edward R Leibowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/02**

Date

**813-969-3226**

Daytime Phone #

CR2E037 (9/01)