

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005623

1. Entity Name

LEIBOWITZ FAMILY FOUNDATION, INC.



Principal Place of Business

903 GUI SANDO DE AVILA
TAMPA, FL 33613

Mailing Address

903 GUI SANDO DE AVILA
TAMPA, FL 33613



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

LEIBOWITZ, EDWARD R
903 GUI SANDO DE AVILA
TAMPA, FL 33613

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IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LEIBOWITZ, EDWARD R
STREET ADDRESS 903 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME LEIBOWITZ, BLOSSOM M
STREET ADDRESS 1039 GUI SANDO DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME KUHN, JASON
STREET ADDRESS 16406 MILAN DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME KUHN, SUSAN L
STREET ADDRESS 16406 MILAN DE AVILA
CITY-ST-ZIP TAMPA, FL 33613

TITLE D
NAME LEIBOWITZ, DAVID S
STREET ADDRESS 11 QUAKER ROAD
CITY-ST-ZIP SHORT HILLS, NJ 07078

TITLE D
NAME LEIBOWITZ, STACEY B
STREET ADDRESS 11 QUAKER ROAD
CITY-ST-ZIP SHORT HILLS, NJ 07078

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01/11/08-80023-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Leibowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08

813-300-4555

EDWARD LEIBOWITZ