

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005623

FILED  
Jan 15, 2012  
Secretary of State

**Entity Name:** LEIBOWITZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

16406 MILLAN DE AVILA  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

16406 MILLAN DE AVILA  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:** 59-3736869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEIBOWITZ, EDWARD R  
16406 MILLAN DE AVILA  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEIBOWITZ, EDWARD R  
Address: 16406 MILLAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: LEIBOWITZ, BLOSSOM M  
Address: 1039 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: KUHN, SUSAN L  
Address: 16404 MILAN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D  
Name: LEIBOWITZ, DAVID S  
Address: 11 QUAKER ROAD  
City-St-Zip: SHORT HILLS, NJ 07078

Title: D  
Name: LEIBOWITZ, STACEY B  
Address: 11 QUAKER ROAD  
City-St-Zip: SHORT HILLS, NJ 07078

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD LEIBOWITZ

DIR

01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date