2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100008030

THE ROTHCHILD EYE FOUNDATION FOR CHILDREN INC.



Secretary of State 03-31-2003 90316 022 ****61.25

FILED

Mar 31, 2003 8:00 am §

Principal Place of Business 16244 SOUTH MILITARY TRAIL SUITE 690 16244 SOUTH MILITARY TRAIL SUITE 690 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484

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2. Principal F	Place of Busin	ness	3. Mai	Mailing Address								
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State Ci				ity & State			4. FEI Number 6!	4. FEI Number 65-1149733			Applied For Not Applicable	
Zip Country Zip				o Cou		untry			\$8.75 A	8.75 Additional		
	6. Name	and Address of Curr	ent Registere	red Agent		No see	7. Name and Add	ress of New Register	ed Agent: -		1	
	IILD, ERIC (OUTH MILIT	DR ARY TRAIL SUITE 6	90			Name Street Address (P.O. Box Number is Not Acceptable)						
DELRAY	BEACH FL	33484				City ,			_ ∎ Zip Co	ode	-	
• The above	named actif	v submite this statema	nt for the num	ope of changing its	register		istered agent, or both, in				_	
the obligates		ered agent. or printed name of registered a	igent and title if app	ilicable. (NOTE	E: Registere	d Agent signature re	guired when reinstating)	DA	TE			
FILE NOW: FEE IS \$61.25			Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIRECTORS			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				╛,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHCHILD, ERIC DR. 16244 SOUTH MILITARY TRAIL SUITE 69 DELRAY BEACH FL 33484			□ Delete		I			☐ Change	e Addition	E037 (10/09)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFARB, DAVID S ESQ 4800 N FEDERAL HIGHWAY STE 200E BOCA RATON FL 33431		STREET		E ET ADDRESS -ST-ZIP			☐ Change	e 🗌 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKIER, M. ADAM ESQ 4800 N FEDERAL HIGHWAY STE 200E BOCA RATON FL 33431				1			- · Change	e ☐ Addition			
TITLE Name Street Address City-St-Zip		.		☐ Delete		1			☐ Change	Addition		
NAME STREET AODRESS CITY-ST-ZIP				☐ Delete		- 1			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ 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 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 an other like empowered.

SIGNATURE: