# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 22, 2000 8:00 am**
**Secretary of State**
02-22-2000 90049 014 ****61.25

DOCUMENT # N01077

1. Entity Name

THE GROSSMAN FAMILY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7990 S.W. 117 AVENUE<br>BOX 839000<br>MIAMI FL 33283-6000 | 7990 S.W. 117 AVENUE<br>BOX 839000<br>MIAMI FL 33283-9000 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 2499 PROVENCE CIRCLE<br>Suite, Apt. #, etc. |
| City & State | City & State<br>WESTON, FLORIDA |
| Zip / Country | Zip 33327 / Country BROWARD |

4. FEI Number 59-2411931 ☐ 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 |
|---|---|
| MIZELS, LORI<br>C/O ADMINISTRATIVE SERVICES, INC.<br>7990 SOUTHWEST 117TH AVENUE<br>MIAMI FL 33183 | Name: LORI MIZELS<br>Street Address (P.O. Box Number is Not Acceptable): 2499 PROVENCE CIRCLE<br>City: WESTON FL Zip Code: 33327 |

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: Lori Mizels 2/15/2000

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GROSSMAN, PHYLLIS<br>7990 S.W. 117TH AVENUE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GROSSMAN, WILLIAM I<br>7990 S W 117 AVE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MIZELS, LORI<br>7990 S W 117TH AVE<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2499 PROVENCE CIRCLE<br>WESTON, FL 33327 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>GETELMAN, KAREN<br>5298 LINDLEY AVE.<br>ENCINO CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/11/2000 (954)389-4656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #