

FILED

03 JUN -9 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90134621

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N03000001496

1. Entity Name
DOROTHY AND IRVIN STEIN AND KATHERINE AND KEITH SACHS CHARITABLE FOUNDATION, INC.

Principal Place of Business: 1035 WASHINGTON LANE, RYDAL, PA 19046
Mailing Address: 1035 WASHINGTON LANE, RYDAL, PA 19046

2. Principal Place of Business: State, Apt. #, etc.
3. Mailing Address: State, Apt. #, etc.

City & State: City & State

4. FEI Number: **58-2560411** Applied For / Not Applicable

5. Certificate of Status Desired: \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **FINERMAN, JANE, 3286 NW 62ND LANE, BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

9. 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: <input type="checkbox"/> Delete | SACHS, KATHERINE | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SACHS, KATHERINE | | NAME: | |
| STREET ADDRESS: 1035 WASHINGTON LANE | | STREET ADDRESS: | |
| CITY-ST-ZIP: RYDAL, PA 19046 | | CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete | SACHS, KEITH | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SACHS, KEITH | | NAME: | |
| STREET ADDRESS: 1035 WASHINGTON LANE | | STREET ADDRESS: | |
| CITY-ST-ZIP: RYDAL, PA 19046 | | CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete | SACHS, DEBORAH M | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SACHS, DEBORAH M | | NAME: | |
| STREET ADDRESS: 1035 WASHINGTON LANE | | STREET ADDRESS: | |
| CITY-ST-ZIP: RYDAL, PA 19046 | | CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | NAME: | |
| STREET ADDRESS: | | STREET ADDRESS: | |
| CITY-ST-ZIP: | | 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)(f), 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 affidavit, with an officer the empowered.

SIGNATURE: Katherine Sachs 5/10/03