

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03116

1. Entity Name

SCHLESINGER, COHEN, LOZMAN, CHARITABLE FOUNDATIO

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90138 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1233 OLD DIXIE HWY  
LAKE PARK FL 33403  
US

% FRED L. COHEN  
PO BOX 1838  
JUPITER FL 33468-1838  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471227

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOZMAN, PHILIP  
ADAMS BUILDING, SUITE 601  
4701 MERIDIAN AVENUE  
LAKE PARK FL 33403

Name

*Fred L. Cohen*

Street Address (P.O. Box Number is Not Acceptable)

*1233 Old Dixie Hwy*

City

*Lake Park*

FL

Zip Code

*33403*

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

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  
D  
COHEN, LENA R.  
1520 W 21ST STREET  
MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LOZMAN, PHILIP  
4701 N MERIDIAN AVE  
MIAMI BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
COHEN, FRED L.  
1233 OLD DIXIE HWY  
LAKE PARK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
COHEN, VANCE D  
1233 OLD DIXIE HWY  
LAKE PARK FL 33403 ☐ Delete

TITLE  
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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/26/00*

*(561) 627-7855*