

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90009 046 \*\*\*\*61.25

**DOCUMENT # N06819**

1. Entity Name

**THE LURIA FAMILY FOUNDATION, INC.**

Principal Place of Business

7744 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109  
 US

Mailing Address

7774 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2477088**

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

LURIA, LEONARD  
 7774 FISHER ISLAND DR.  
 FISHER ISLAND FL 33109

*7774 Fisher Island Dr*

Name

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

City

**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.

SIGNATURE

*Leonard Luria*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/18/00*

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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  Delete  
 NAME **DPT**  
**LURIA, LEONARD**  
 STREET ADDRESS **7774 FISHER ISLAND DRIVE**  
 CITY-ST-ZIP **FISHER ISLAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVS**  
**LURIA, GLORIA**  
 STREET ADDRESS **7774 FISHER ISLAND DRIVE**  
 CITY-ST-ZIP **FISHER ISLAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**LURIA, PETER**  
 STREET ADDRESS **1800 WEST 23 ST.**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**LURIA, HENRY**  
 STREET ADDRESS **3595 ST. GARDENS RD.**  
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**LURIA-COHEN, NANCY**  
 STREET ADDRESS **1415 N VIEW DR SUNSET ISLAND #1**  
 CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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)(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:

*Leonard Luria*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DPT*

*7/18/00*

Date

Daytime Phone #