

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N06938

FILED
Jul 03, 2002 8:00 AM
Secretary of State

Entity Name: DELANGE FAMILY FOUNDATION, INC.

Current Principal Place of Business:

21101 SW 134 AVE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

21101 SW 134 AVE
MIAMI, FL 33177

New Mailing Address:

FEI Number: 59-2483255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELANGE, DANIEL
21101 SW 134TH AVENUE
MIAMI, FL 33177

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DELANGE, DANIEL,
Address: 13721 SW 97 AVENUE
City-St-Zip: MIAMI, FL 331766867

Title: SD () Delete
Name: JACOB, DAYLE H
Address: 1544 N.W. 20TH STREET
City-St-Zip: HOMESTEAD, FL

Title: VD () Delete
Name: DELANGE, PHILLIP
Address: 5500 BENT PINE DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: SCHREGARDUS, RALPH
Address: 1800 EAST FOX LANE
City-St-Zip: MILWAUKEE, WI 53217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BOXER, SUSAN
Address: 10630 SW 164TH STREET
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL DELANGE

PTD

07/03/2002

Electronic Signature of Signing Officer or Director

Date