

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21901

1. Entity Name

THE GRAFF FAMILY FOUNDATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90022 002 ****61.25

Principal Place of Business

Mailing Address

%STUART GRAFF
7115 AYRSHIRE LANE
BOCA RATON FL 33496

%STUART GRAFF
7115 AYRSHIRE LANE
BOCA RATON FL 33496-1419

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

65-0010376

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

GRAFF, STUART
5355 TOWN CENTER ROAD, S-501
BOCA RATON FL 33486

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

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	D	<input type="checkbox"/> Delete
NAME	GRAFF, STUART	
STREET ADDRESS	7115 AYRSHIRE LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAFF, PAULA	
STREET ADDRESS	7115 AYRSHIRE LANE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BRUCE	
STREET ADDRESS	5355 TOWN CTR ROAD S-501	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 #

4-5-00 561-988-4000

CR2E037 (9/99)