

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90077 011 ****61.25

DOCUMENT # N22485

1. Entity Name

THE WALTER AND ADI BLUM FOUNDATION, INC.

Principal Place of Business

Mailing Address

340 ROYAL PALM WAY
 SUITE 100
 PALM BEACH FL 33480-4307
 US

340 ROYAL PALM WAY
 SUITE 100
 PALM BEACH FL 33480-4307
 US

00020130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0008826

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

PILOTTE, FRANK T
 340 ROYAL PALM WAY
 SUITE 100
 PALM BEACH FL 33480

Name **Eugene W. Murphy, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
 340 Royal Palm Way

Suite 100

City **Palm Beach**

FL

Zip Code **33480**

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

Eugene W. Murphy, Jr.

2/19/01

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 | SHAW, NORMAN | |
| STREET ADDRESS | 5 CANFIELD WAY | |
| CITY-ST-ZIP | CONVENT STATION NJ 07960 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLISON, SANDRA L. | |
| STREET ADDRESS | 5767 PARK WALK CIR. W. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MURPHY, EUGENE W., JR. | |
| STREET ADDRESS | 340 ROYAL PALM WAY, SUITE 100 | |
| CITY-ST-ZIP | PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gambill, Sandra E. | |
| STREET ADDRESS | 2643 Luciernaga Street | |
| CITY-ST-ZIP | Carlsbad, CA 92009 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/00)

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:

2/19/01

561-655-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #