

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90137 013 \*\*\*\*61.25

VA00134

**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

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

**65-0008826**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, EUGENE W JR**  
**340 ROYAL PALM WAY**  
**SUITE 100**  
**PALM BEACH FL 33480**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, NORMAN</b>	
STREET ADDRESS	<b>5 GANFIELD WAY</b>	
CITY-ST-ZIP	<b>CONVENT STATION NJ 07960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAMBILL, SANDRA E</b>	
STREET ADDRESS	<b>2649 LUCIERNAGA STREET</b>	
CITY-ST-ZIP	<b>CARLSBAD CA 92009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, EUGENE W., JR.</b>	
STREET ADDRESS	<b>340 ROYAL PALM WAY, SUITE 100</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
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		
STREET ADDRESS	<b>2037 Sonoro Court</b>	
CITY-ST-ZIP	<b>Vista, CA 92083</b>	
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		

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:** *Eugene W. Murphy, Jr.*

**Eugene W. Murphy, Jr. / 2/28/02 561-655-4060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)