


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22938</b> 1. Entity Name THE GANZ FAMILY FOUNDATION, INC.	
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Principal Place of Business 4200 BISCAYNE BLVD. MIAMI, FL 33137	Mailing Address 4200 BISCAYNE BLVD. MIAMI, FL 33137
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03072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0008368	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LANDE, STEPHEN C 4200 BISCAYNE BLVD MIAMI, FL 33137
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LANDE, STEPHEN C 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GANZ, CHARLES B 2800 ISLAND AVE # 1705 N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUGARMAN, SUSAN G 11103 VALLEY HEIGHTS RD OWINGS MILLS, MD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SADEGHI, AMY G 35 MANOR DR MORRIS TOWNSHIP, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOB SOLOMON 4200 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AARON PODHURST 25 W FLAGLER ST MIAMI, FL

000000263729  
03/14/05-80108-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen Lande*

3/7/05

Date

305-576-4000

Daytime Phone #