

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90201 025 ****61.25

DOCUMENT # N32232

1. Entity Name

THE ELSIE AND MARVIN DEKELBOUM FOUNDATION, INC.

Principal Place of Business

700 N. OLIVE AVENUE
 WEST PALM BEACH FL 33401-4015

Mailing Address

%STEVEN H. ORAM
 4600 N. PARK AVE., PLAZA SOUTH
 CHEVY CHASE MD 20815-7513

2. Principal Place of Business

2770 S. Ocean Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Apt. 502 South

City & State

Palm Beach FL

Zip

33480

Country

USA

Country

4. FEI Number

65-0121068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

61.25

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DEKELBOUM, MARVIN 700 N. OLIVE AVE. WEST PALM BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEKELBOUM, ELSIE 700 N. OLIVE AVE. WEST PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THALER, MANLEY 700 N. OLIVE AVE. WEST PALM BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SCHULTZ, AMY E 700 N OLIVE AVE WEST PALM BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, VP GAIL HARTSTEIN 5101 CORAL COVE CT PLANO TX 75093	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, PRES. DEKELBOUM, ELSIE 2770 S. OCEAN BLVD #502-SOUTH PALM BEACH FLA 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, VP MARK HUGHES 7904 RIVER FALLS DR POTOMAC MD 20854	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, VP NEIL S. KAPLAN 3802 N.E. 207th ST. #1004 AVENTURA, FL 33180	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, SEC STEVEN H. ORAM 4600 N. PARK AVE, PLAZA SOUTH CHEVY CHASE, MD 20815-7513	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR, TREAS. BRUND A. KAEHLIN III 11140 ROCKVILLE PIKE, 3rd FL. ROCKVILLE, MD 20852	☐ Change ☒ Addition

CR2E037 (4/02)

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.

(STEVEN H. ORAM)

SIGNATURE:

7-23-02 301-651-8600