2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

%STEVEN H. ORAM

4600 N. PARK AVE., PLAZA SOUTH

CHEVY CHASE MD 20815-7513

DOCUMENT # N32232

1. Entity Name

Principal Place of Business

2770 S. OCEAN BLVD. APT 502 SOUTH

PALM BEACH FL 33480

THE ELSIE AND MARVIN DEKELBOUM FOUNDATION, INC.



Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90146 011 ****61.25

FILED

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CHECK HERE IF MAKING CHANGE	ES

2. Principal	Place of Busin	ness	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State		0070121000			pplied For	
Zip		Country	Zip		untry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Register			egistered Agent			7. Name and Addre	ss of New Registered Ag			
					Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addres	s (P.O. Box Number is Not Acceptable)				
					City		FL	Zip Cod	le	
8. The above the obliga	e named entit tions of regist	y submits this statement for t ered agent.	he purpose of changing it	s registere	ed office or regis	tered agent, or both, in the	e State of Florida. I am fai	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NO	ITE: Registere	d Agent signature requ	ired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			OO May Be Make Check Payable to d to Fees Florida Department of State			
10.	OFFICERS AND DIRECTORS		CTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARTSTEI	AL COVE CT.	☐ Delete TNS		E ET ADDRESS -ST-ZIP	☐ Change ☐				
TITLE Name Street address City-St-Zip		JM, ELSIE CEAN BLVD., #502 SOU CH FL 33480	□ Delete			☐ Change ☐ A				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Kaplan, 1 3802 ne 2		□ Delete				[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUGHES, 7904 RIVEI POTOMAC	r falls dr.	☐ Delete				[☐ Change	☐ Addition	
ITLE NAME Street Address City-St-Zip	DS Oram, Sti 4600 n. p/				ET ADDRESS		С	☐ Change	Addition	
TITLE NAME TREET ADDRESS	TD Kaelin, bi	20	9815 □ Delete	. TITLE NAME			Г] Change	Addition	

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 supplied ental 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 attyan address, wit

Steven H. Oram

CITY-ST-ZIP

SIGNATURE:

ROCKVILLE MD 20852

301-652-8600