

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90317 011 ****61.25

DOCUMENT # N33885

1. Entity Name

**THE LEONARD L. AND BERTHA U. ABESS FOUNDATION, I
 NCORPORATED.**

Principal Place of Business

Mailing Address

**25 FLAGLER ST
 MIAMI FL 33130
 US**

**LEONARD L ABESS JR
 25 W FLAGLER ST 6TH FL
 MIAMI FL 33130
 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

65-0151462

Applied For

Not Applicable

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

**SHOCKETT, WILLIAM E.
 25 WEST FLAGLER STREET
 MIAMI FL 33130**

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 **PD** ☒ Delete
 NAME **ABESS, LEONARD L. SR.**
 STREET ADDRESS **5255 COLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **ABESS, JAYNE**
 STREET ADDRESS **4950 PINE TREE DR.**
 CITY-ST-ZIP **MIAMI BEACH FL 33140-3141**

TITLE ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **100 SE 32nd Road**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **VD** ☐ Delete
 NAME **ABESS, LEONARD L. JR.**
 STREET ADDRESS **4950 PINETREE DRIVE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **100 SE 32nd Road**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE **D** ☐ Delete
 NAME **ABESS, ALLAN T. JR.**
 STREET ADDRESS **200 OCEAN TRAIL #101**
 CITY-ST-ZIP **JUPTER FL 33477-5511**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **124 Santa Barbara Way - Catalina Lakes**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Linda A. Ellis**
 STREET ADDRESS **36 Butler Road**
 CITY-ST-ZIP **Scarsdale, NY 10583**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Patricia M. Camp**
 STREET ADDRESS **1820 NE 59 St.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33308**

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: **Patricia M. Camp** **Patricia M. Camp**

4-9-02 305-577-7445

Date Daytime Phone #

CR2E037 (9/01)