

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90214 017 \*\*\*\*61.25

0033017

**DOCUMENT # N34945**

1. Entity Name

**THE MARY JOANNE RAND, MORRIS M. RAND AND MICHAEL ANTHONY RAND MEMORIAL CHARITABLE FOUNDATION, IN**



Principal Place of Business

**2240 SW 70TH AVENUE  
UNIT H  
DAVIE FL 33317**

Mailing Address

**2240 SW 70TH AVENUE  
UNIT H  
DAVIE FL 33317**

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 **65-0183241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**11015684**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAND, MORRIS M  
3055 HARBOR DRIVE  
#2202  
FORT LAUDERDALE FL 33316**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Delete  
NAME: **RAND, MORRIS, M**  
STREET ADDRESS: **3055 HARBOR DRIVE, UNIT 2202**  
CITY-ST-ZIP: **FT. LAUDERDALE FL 33316**

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

TITLE: **D** ☐ Delete  
NAME: **RAND-BAL, DEBORAH**  
STREET ADDRESS: **21 HEMLOCK TRACE**  
CITY-ST-ZIP: **RUDOLPH MA 02368**

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

TITLE: **D** ☐ Delete  
NAME: **CUTTER, JUDITH**  
STREET ADDRESS: **52 NOANETT ROAD**  
CITY-ST-ZIP: **NEEDHAVEN MA 02194**

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

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ 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 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]*

*Morris Rand*

4/21/03

954-320-9500

CR2E037 (10/02)