

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90015 045 ****70.00

DOCUMENT # N35601

1. Entity Name

THE HARVEY L. YOUNG FAMILY FOUNDATION, INC.

LP

Principal Place of Business

Mailing Address

1581 BRICKELL AVE.
 APT. T 201
 MIAMI FL 33129

1581 BRICKELL AVE.
 APT. T 201
 MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

19955 NE 38 CT
 Suite, Apt. #, etc. APT 3002

19955 NE 38 CT
 Suite, Apt. #, etc. APT 3002

City & State

City & State

AVENTURA FL

AVENTURA FL

Zip

Country

Zip

Country

33180 MIAMI DADE

33180 MIAMI DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, HARVEY L.
 1581 BRICKELL AVE T201
 MIAMI FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

19955 NE 38 CT APT 3002
 AVENTURA FL 33180

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
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, HARVEY L. 1581 BRICKELL AVE., T201 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, NORMAN 2404 HOLLYWOOD BLVD. HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINSBERG, DANIEL 17384 ST. JAMES COURTS BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MICHAEL S. 500 NW 141ST AVE APT 107 PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CLARA R 4565 SW 35 AVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JENNIFER S 1320 N VEITCH ST APT 1206 ARLINGTON VA 22201	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 19955 NE 38 CT AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 19955 NE 38 CT AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2100 SW 28 WAY FT LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1236 MALVERN AVE PITTSBURGH PA 15217

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, without other like empowered.

SIGNATURE: *Harvey L. Young* **SIGNATURE REQUIRED** *Harvey L. Young* 7/17/01 305 932 2026

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CR2E037 (5/01)