

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37271

1. Entity Name

BRUCE A. & AMY S. EPSTEIN PHILANTHROPIC TRUST, I

Principal Place of Business

Mailing Address

9005 BAYWOOD PARK DR.
SEMINOLE FL 34647

9005 BAYWOOD PARK DR.
SEMINOLE FL 34647

2. Principal Place of Business

9040 WATERASH LANE

3. Mailing Address

9040 WATERASH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FL

City & State

PINELLAS PARK, FL

4. FEI Number

59-3005012

Applied For

Not Applicable

Zip

33782

Country

PINELLAS

Zip

33782

Country

PINELLAS

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

Name

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

9040 WATERASH LANE

City

PINELLAS PARK

FL

Zip Code

33782

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 DPT ☐ Delete
NAME EPSTEIN, BRUCE A.
STREET ADDRESS 9005 BAYWOOD DR.
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 9040 WATERASH LANE
CITY-ST-ZIP PINELLAS PARK, FLORIDA 33782

TITLE DVS ☐ Delete
NAME EPSTEIN, AMY S.
STREET ADDRESS 9005 BAYWOOD DR.
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 9040 WATERASH LANE
CITY-ST-ZIP PINELLAS PARK, FLORIDA 33782

TITLE D ☐ Delete
NAME MILTER, SANFORD
STREET ADDRESS 7078 FAIRWAY BEND CIRCLE
CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 *BRUCE A. EPSTEIN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727.545.1260



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)