

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90130 040 ****61.25

DOCUMENT # N41006
 1. Entity Name
LIL AND YORKE DOLINER CHARITABLE FOUNDATION, INC

Principal Place of Business: **230 JOHN ANDERSON DR ORMOND BEACH FL 32176**
 Mailing Address: **C/O ANSBACHER & SCHNEIDER 4215 SOUTHPOINT BLVD #100 JACKSONVILLE FL 32216-6191 US**

2. Principal Place of Business: **ORMOND BEACH FL 32176**
 3. Mailing Address: **P. O. Box 551260 JACKSONVILLE FL 32216-6191 US**

Suite, Apt. #, etc.:



DO NOT WRITE IN THIS SPACE

City & State: **Jacksonville, FL**
 4. FEI Number: **59-3038798**
 Applied For: Not Applicable

Zip: **32255** Country: **US**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
 Name: **Michael N. Schneider**
 Street Address (P.O. Box Number is Not Acceptable): **5150 Belfort Road**
 Building: **100**
 City: **Jacksonville** State: **FL** Zip Code: **32256**

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: *[Handwritten Signature]* DATE: **3/15/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOLINER, LIL 230 JOHN ANDERSON DR. ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOCKMAN, ALLISON DOLINER 230 JOHN ANDERSON DR. ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOLINER, JEFFREY 607 N. BEACH STREET ORMOND BEACH FL	<input checked="" type="checkbox"/> <i>stay</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* **SIGNATURE REQUIRED** Date: **1/31/2000** Daytime Phone #: **904 211 1453**

CR2E037 (9/99)