FILE NOW: FILING FEE IS $61.25 UNIFORM CORPORATION REPORT

NONPROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 AM 11:33

DOCUMENT # N41120

1. Corporation Name
THE SANDS FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
365 Oakview Drive DELRAY BEACH, FL 33445	365 Oakview Drive DELRAY BEACH, FL 33445

3. Date Incorporated or Qualified: 12-4-90

4. FEI Number: 65-0233633 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 365 Oakview Drive	26 365 Oakview Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip 24 33445 / Country 25 U.S.	Zip 29 33445 / Country 30 U.S.

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDS, IRVING
365 Oakview Drive
DELRAY BEACH, FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, IRVING	1.2 NAME	200003265512--5
STREET ADDRESS	365 Oakview Drive	1.3 STREET ADDRESS	-05/24/00--01078--004
CITY-ST-ZIP	DELRAY BEACH, FL 33445	1.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, HARRIETT	2.2 NAME	
STREET ADDRESS	365 Oakview Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, RICHARD M.	3.2 NAME	
STREET ADDRESS	37 BEVERLY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, MA 02174	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, DAVID E.	4.2 NAME	
STREET ADDRESS	2425 Medina Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Medina, Ohio 44256	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOBER, STANLEY M.	5.2 NAME	
STREET ADDRESS	411 WOLF LEDGES, STE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON, OH 44311	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SANDS, DONALD A	6.2 NAME	AD
STREET ADDRESS	The Highlands	6.3 STREET ADDRESS	
CITY-ST-ZIP	Seattle, WA 98177-5002	6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Irwin G. Sands 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #