

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90037 036 ****61.25

DOCUMENT # N42899

1. Entity Name

LIST FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O THE JEWISH FEDERATION OF PALM BCH.CNTY
 4601 COMMUNITY DRIVE
 WEST PALM BEACH FL 33417-9760

C/O THE JEWISH FEDERATION OF PALM BCH.CNTY
 4601 COMMUNITY DRIVE
 WEST PALM BEACH FL 33417-2716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0253208

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILIPS, EUGENE
JEWISH FEDERATION OF PALM BCH CTY, INC
4601 COMMUNITY DR
WEST PALM BCH FL 33417

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.

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	PD	<input type="checkbox"/> Delete
NAME	LIST, ROBERT E.	
STREET ADDRESS	218 TANGIER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIST, CYNTHIA S.	
STREET ADDRESS	218 TANGIER AVE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BARBARA	
STREET ADDRESS	583 NORTH LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, ADELE	
STREET ADDRESS	1883 INDIAN ROAD	
CITY-ST-ZIP	LAKE CLARKE SHORES FL 33406	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERMAN, EILEEN	
STREET ADDRESS	13170 CRISA DR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILIPS, EUGENE	
STREET ADDRESS	1191 N OCEAN WAY	
CITY-ST-ZIP	PALM BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00 Date

(561) 478-0700 Daytime Phone # (X108)

CR2E037 (9/99)