

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90061 044 \*\*\*\*61.25

0003936

**DOCUMENT # N42899**

1. Entity Name

**LIST FAMILY CHARITABLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

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

**936257**



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** *ROBERT E. LIST*  
 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 *Robert E. List* **Robert E. List** **3/21/01**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	LIST, ROBERT E.	218 TANGIER AVE PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD	LIST, CYNTHIA S.	218 TANGIER AVE PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	GREEN, BARBARA	583 NORTH LAKE WAY PALM BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SIMON, ADELE	1883 INDIAN ROAD LAKE CLARKE SHORES FL 33406	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD	BERMAN, EILEEN	13170 CRISA DR PALM BCH GARDENS FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T	PHILIPS, EUGENE	1191 N OCEAN WAY PALM BEACH FL	<input checked="" type="checkbox"/> Delete					<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: *Robert E. List* **Robert E. List** **3/21/01** **(561) 478-0700**  
Signature and typed or printed name of signing officer or director / Date Daytime Phone #

CR2E037 (10/00)