

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90273 030 ****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.CN
 4801 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0253208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIST, ROBERT E.
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 Delete
 NAME **PD LIST, ROBERT E.**
 STREET ADDRESS **218 TANGIER AVE**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD LIST, CYNTHIA S.**
 STREET ADDRESS **218 TANGIER AVE**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GREEN, BARBARA**
 STREET ADDRESS **583 NORTH LAKE WAY**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SIMON, ADELE**
 STREET ADDRESS **1883 INDIAN ROAD**
 CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BERMAN, EILEEN**
 STREET ADDRESS **13170 CRISA DR**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Treasurer**
 STREET ADDRESS **Michelle Wasch Schwartz**
2652 NW 46th Street
Boca Raton, FL 33434

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 561-478-0700

Date Daytime Phone #

CR2E037 (9/01)