

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90031 015 \*\*\*\*61.25

**DOCUMENT #**

1. Entity Name

N46 062

**CHARNA & ALAN B. LARKIN PHILANTHROPIC FUND, INC.**

Principal Place of Business

Mailing Address

17455 BRIDLEWAY TRAIL  
 BOCA RATON, FL 33496

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0369914

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

B0101812

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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**  
 TITLE: VICE PRESIDENT  
 NAME: CHARNA LARKIN  
 STREET ADDRESS: 17455 BRIDLEWAY TRAIL  
 CITY - ST - ZIP: BOCA RATON, FL

☐ Delete

TITLE: PRESIDENT  
 NAME: ALAN B. LARKIN  
 STREET ADDRESS: 17455 BRIDLEWAY TRAIL  
 CITY - ST - ZIP: BOCA RATON, FL

☐ Delete

TITLE: SECRETARY  
 NAME: DAVID LARKIN  
 STREET ADDRESS: 123 PRINCE STREET, APT #5  
 CITY - ST - ZIP: NEW YORK, NY

☐ Delete

TITLE: TREASURER  
 NAME: ANDREW J. LARKIN  
 STREET ADDRESS: 23 TUBWRECK DRIVE  
 CITY - ST - ZIP: DOVER, MA

☐ Delete

TITLE: TREASURER  
 NAME: JONATHAN LARKIN  
 STREET ADDRESS: 6187 NW 24 TERRACE  
 CITY - ST - ZIP: BOCA RATON, FL 33496

☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY - ST - ZIP:   
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY - ST - ZIP:   
☐ Change ☐ Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
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 CITY - ST - ZIP:   
☐ Change ☐ 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:**

*Charna Larkin* - CHARNA LARKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

Date

Daytime Phone #