FILED
Jul 23, 2002 8:00 am
Secretary of State
05-24-2002 91345 030 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46062

1. Entity Name

CHARNA & ALAN B. LARKIN PHILANTHROPIC FUND, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5566 VINTAGE OAKS TERRACE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: DEL RAY BEACH, FL
Zip: 33464 33484 Country: USA

City & State
Zip Country

4. FEI Number: 65-0369914 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANDREW SPECTOR

Street Address (P.O. Box Number is Not Acceptable): 150 W FLAGLER ST

City: MIAMI FL FL Zip Code: 33130

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

FEE IS $61.25
Initial or Amended UBR

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	PRESIDENT	TITLE	
NAME	ALAN B. LARKIN — D	NAME	
STREET ADDRESS	5566 VINTAGE OAK TERRACE	STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BEACH, FL 33464	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	CHARNA LARKIN — D	NAME	
STREET ADDRESS	5566 VINTAGE OAK TERRACE	STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BEACH, FL 33464	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	DAVID LARKIN	NAME	
STREET ADDRESS	123 PRINCE STREET, APT #5	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10009	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE	TREASURER	TITLE	
NAME	ANDREW J. LARKIN	NAME	
STREET ADDRESS	23 TUBWRECK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DOVER, MA 02030	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	JONATHAN LARKIN — D	NAME	
STREET ADDRESS	6187 NW24 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/15/02 (561) 865-8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL323BOF.1