FILED Jun 27, 2001 8:00 am Secretary of State

1. Entity Nam	MENT# NUL	7 04	•	· (in		06-27-2001 9000	07 047 **	·**61.25	5
	& HAROLD LARKIN PHI	LANTHROPIC FUN Mailing Address	D, INC	Z <u>. </u>	_				
	OCEAN BLVD. #N-14				İ				
	ION, FL 33432					A007510	4	`	
2. Principal F	Place of Business	3. Mailing Address Same			1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State			4. FEI Number 65 = 03109			Applied F Not Applie	
Zip	Country -	Country Zip		itry	5. Certificate of Status Desired Status Desired Fee Requirements				
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Registere	d Agent		
	ew R. Spector, Esq.		L	Name					
Suit	West Flagler Street e 2701		Street Address (P.O. Box Number is Not Acceptable)						
Miam	ni, Florida 33130	-	City			Zip (Code	_	
9 The shows	named polity gubarite this statemen	na ita ya si si	barad office or s	FL Zip Code					
0. The above	and the submits the statement	tion are parpose or criangin	ng na regia	lered dilice of f	egistered agent,	or bour, in the state of Flori	ua.		,
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicab	le. (N	OTE: Registered	Agent signature req	uired when reinstating)	DATE		-
- V	FILE NOW: FEE IS \$61.25				Make Check Payable to d to Fees Department of State				-
10.	OFFICERS AND D		11.		ADDITIONS/CH	ANGES TO OFFICERS ANI	D DIRECTO	ORS IN 10	<u></u> 8
TITLE NAME	PRESIDENT	Delete	TITLE NAME	_			Chan	je 🗀 Ad	og
STREET ADDRESS	HAROLD LARKIN 1400 S. OCEAN BLVD			ADDRESS					
CITY - ST - ZIP	BOCA RATON, FL 33		CITY - S						
TITLE	VICE PRESIDENT	Delete	TITLE		<u>-</u>		Chan	ge A	ddition
NAME	LENORE LARKIN		NAME				—		
STREET ADDRESS CITY - ST - ZIP	1400 S. OCEAN BLVD		CITY - S	ADDRESS					1
TITLE	SECRETARY				cretary	<u> </u>	Chang	76 Ad	tdition
NAME	ANDREW R. SPECTOR	· • • • • • • • • • • • • • • • • • • •	NAME	An	drew R S	pector		LJ	
STREET ADDRESS	44 WEST FLAGLER ST	REET		ADDRESS 15	0 West F	lagler Street,	Suite	270	1
CITY - ST - ZIP	MIAMI, FL 33130	Dubrio.	CITY - S	IT - ZIP MIL	ami, Fior				4.5%
TITLE NAME	TREASURER SUSAN LARKIN	Delete	TITLE NAME				Chang	e L Ad	ddition
STREET ADDRESS	54 HILLCREST DRIVE			ADDRESS					1
CITY - ST - ZIP	WESTON, MA 02193		CITY - S	T - ZIP					ĺ
TITLE	TREASURER	Delete	TITLE				Chang	e Ad	ddition
NAME STREET ADDRESS	ANDREW J. LARKIN		NAME	ADDDECC		•	_		-
CITY - ST - ZIP	23 TUBWRECK DRIVE DOVER, MA 02030		SIREE!	ADORESS T - ZIP					
TITLE	DOVER, MA 02030	Delete	TITLE				Chang	e Ad	dition
NAME			NAME					- LJ '''	
STREET ADDRESS				ADDRESS					
CITY - ST - ZIP			CITY - S						
information	ritify that the information supplied with indicated on this report or supplementation or the corporation or the received the corporation or the received the corporation of the received	ental report is true and accu	urate and th	nat my signatur	e shall have the :	same legal effect as if made	e under oat	h: that I an	n an ars



Attachment A0075104

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2001

LENORE AND HAROLD LARKIN PHILANTHROPIC FOUNDATION, INC. 1400 S. OCEAN BLVD BOCA RATON, FL 33432 US

SUBJECT: LENORE AND HAROLD LARKIN PHILANTHROPIC FOUNDATION,

INC.

Ref. Number: N46201

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner Senior Section Administrator

Letter Number: 201A00033054

