


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N46201					
1. Entity Name LENORE AND HAROLD LARKIN PHILANTHROPIC FOUNDATION, INC.					
Principal Place of Business 1400 S. OCEAN BLVD. #N1405 BOCA RATON, FL 33432		Mailing Address 1400 S. OCEAN BLVD. #N1405 BOCA RATON, FL 33432 UG			
2. Principal Place of Business		3. Mailing Address 150 WEST FLAGLER ST.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2701			
City & State		City & State MIAMI FL			
Zip	Country	Zip	Country		
		33130	US	4. FEI Number 65-0310975	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent SPECTOR, ANDREW R. 160 W FLAGLER ST STE 2701 MIAMI, FL 33130				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when returning)</small> DATE _____					
FILE NOW! FEES IS \$31.25 Added to a Regular UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, LENORE		NAME		
STREET ADDRESS	1400 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, HAROLD		NAME		
STREET ADDRESS	1400 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, SUSAN		NAME		
STREET ADDRESS	64 HILLCREST		STREET ADDRESS		
CITY-ST-ZIP	WESTON, MA 02193		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, ANDREW R		NAME		
STREET ADDRESS	160 WEST FLAGLER STREET, SUITE 2701		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, ANDREW J		NAME		
STREET ADDRESS	23 TUBWRECK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DOVER, MA 02030		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 the empowered.					
SIGNATURE: _____		9/03/03 305-371-4244			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

CR2E037 (10/02)