

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90037 032 \*\*\*\*61.25

**DOCUMENT # N46949**

1. Entity Name

**THE AMERICA CHARITABLE FUND, INC.**

Principal Place of Business

370 ~~CAMINE~~  
 BOCA RATON FL 33428  
 US

Mailing Address

P.O. BOX 880095  
 BOCA RATON FL 33488-0095  
 US

2. Principal Place of Business

**5329 W. ATLANTIC AVE.**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 204**

City & State

**DELRAY BEACH, FLA.**

City & State

4. FEI Number

**65-0305847**

Applied For

Not Applicable

Zip

**33484**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RITTER & CHUSID**  
**7000 W. PALMETTO PARD ROAD #400**  
**BOCA RATON FL 33433**

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 **T** ☐ Delete  
 NAME **BLOOM STEPHEN**  
 STREET ADDRESS **1917 PAMCSIDE CIRCLE SOUTH**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete  
 NAME **SCHUMAN, DANIEL**  
 STREET ADDRESS **3279 CLINT MOORE ROAD #205**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete  
 NAME **VULTAGGIO, AUGY**  
 STREET ADDRESS **370 CAMINS**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete  
 NAME **DENNIS DELL FAVE**  
 STREET ADDRESS **BOYNTON BEACH, FLORIDA**  
 CITY-ST-ZIP **BOYNTON BEACH, FLORIDA**

TITLE **EXEC. V.P.** ☐ Delete  
 NAME **HARVEY GROSSMAN**  
 STREET ADDRESS **8137 MIZNER LAVE**  
 CITY-ST-ZIP **BOCA RATON, FLA. 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1970 PARKSIDE CIRCLE SOUTH**  
 CITY-ST-ZIP **BOCA RATON, FLA. 33496**

TITLE ☒ Change ☐ Addition  
 NAME **PRES. & CEO**  
 STREET ADDRESS **1022 CORALINA LN**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **17788 FOXBOROUGH LANE**  
 CITY-ST-ZIP **BOCA RATON, FLORIDA 33496**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **12361 DIVOT DR.**  
 CITY-ST-ZIP **BOYNTON BEACH, FL. 33437**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

**SIGNATURE** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Harvey Grossman**  
 Date **1-30-2001**  
 Daytime Phone # **561-483-8001**

CR2E037 (10/00)