

FILED
May 02, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # N48271				May 02, 2005 8:00 am Secretary of State 05-02-2005 90990 005 ****61.25	
1. Entity Name FARBER FAMILY FOUNDATION, INC.					
Principal Place of Business 3056 MIRO DRIVE NORTH PALM BEACH GARDENS FL 33410		Mailing Address 1845 WALNUT STR STE 800 PHILADELPHIA PA 19103 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0336266	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARBER, JACK 3056 MIRO DRIVE NORTH PALM BEACH GARDENS FL 33410		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FARBER, JACK	NAME			
STREET ADDRESS	3056 MIRO DRIVE NORTH	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FARBER, VIVIAN	NAME			
STREET ADDRESS	3056 MIRO DRIVE NORTH	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FARBER, DAVID M.	NAME			
STREET ADDRESS	1228 BARROWDALE ROAD	STREET ADDRESS			
CITY-ST-ZIP	RYDAL PA	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	KURTZMAN, ELLEN B	NAME			
STREET ADDRESS	1243 BOBARN DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PENN VALLEY PA	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 like empowered.					
JACK FARBER SIGNATURE: <i>Jack Farber</i> 4/22/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					