

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90136 001 ****61.25

DOCUMENT # N48475

1. Entity Name

MAX P. GOTTFRIED FOUNDATION, INC.

Principal Place of Business

Mailing Address

10145 AVIENDA DEL RIO
 DELRAY BEACH FL 33446-2432

10145 AVIENDA DEL RIO
 DELRAY BEACH FL 33446-2423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0329468

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOTTFRIED, MAX P.
10145 AVIENDA DEL RIO
DELRAY BEACH FL 33446

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.

Max P. Gottfried

SIGNATURE

Max P. Gottfried

April 18, 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GOTTFRIED, MAX P. |
| STREET ADDRESS | 10145 AVIENDA DEL RIO |
| CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GOTTFRIED, BRENT M |
| STREET ADDRESS | 5152 LERADO |
| CITY-ST-ZIP | TOLEDO OH |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | ROSENBLATT, HOWARD M. |
| STREET ADDRESS | 4715 PENNRIDGE RD |
| CITY-ST-ZIP | TOLEDO OH |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Irving L. Rosenblatt, CPA |
| STREET ADDRESS | 7621 Mansfield Hollow Rd. |
| CITY-ST-ZIP | Delray Beach FL 33446 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Max P. Gottfried**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561/446-3983
 Date

April 18, 2000
 Daytime Phone #

CR2E037 (9/99)