

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90026 028 ****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 33446-2432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0329468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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.

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

After September 12, 2001, min. will be \$236.25

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 NAME Delete
D GOTTFRIED, MAX P.
 STREET ADDRESS **10145 AVIENDA DEL RIO**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D GOTTFRIED, BRENT M
 STREET ADDRESS **5152 LERADO**
 CITY-ST-ZIP **TOLEDO OH**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D ROSENBLATT, IRVING L CPA
 STREET ADDRESS **79621 MANSFIELD HOLLOW ROAD**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 07/20/01 561/495-3973

CR2E037 (5/01)