## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # N49149** 1. Entity Name 03-07-2002 90262 014 \*\*\*\*61.25 PLANNED GIVING COUNCIL OF DADE COUNTY, INC. Principal Place of Business Mailing Address C/O JOHN ANZIVINO C/O JOHN ANZIVINO OUTION 2699 S BAYSHORE DR. STE 500 2699 S BAYSHORE DR. STE 500 MIAMI FL 33133 MIAMI FL 33133 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0406749 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) raattama, Henry H Jr C/O AKERMAN SENTERFITT & EDISON, P.A. ONE SE THIRD AVE, 28TH FLOOR City Zip Code **MIAMI FL 33131** 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE TD NAME NAME ZENOV. DARIN I STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2398 Change Change ☐ Addition Delete TITI F anzivino, John NAME STREET ADDRESS STREET ADDRESS 2699 S. BAYSHORE DRIVE, #500 CITY-ST-ZIP CITY-ST-7IP COCONUT GROVE FL 33133 Change Addition Delete TITLE TITLE Director Jerry S. Chasen NAME CHASEN, JERRY E NAME STREET ADDRESS STREET ADDRESS **420 LINCOLN RD** 420 Lincoln Rd. #338 CITY-ST-ZIP CITY-ST-ZIP <u> Miami Beach, FL 33139</u> MIAMI BCH FL 33139 ☐ Delete TITLE Change ☐ Addition TITLE President NAME NAME CASALE, FRANK STREET ADDRESS STREET ADDRESS BARRY UNIVERSITY, 11300 NE 2 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 T Change Addition Delete TITLE ۷D TITLE NAME NAME Lehram, Richard A Richard A. Lehrman STREET ADDRESS STREET ADDRESS 777 ARTHURD GODFREY RD 4TH FLR 777 Arthur Godfrey Rd., 4th Flr. CITY-ST-ZIP <u>Miami,</u> FL **MIAMI FL 33140** TITLE XX Change Addition ☐ Delete TITLE VD. ۷D NAME Gloria C. Kaplan 335 SW 27th Avenue KAPLAN, GLORIA C NAME STREET ADDRESS STREET ADDRESS 521 NE 4TH AVE CITY-ST-ZIP CITY-ST-ZIP Miami, FL33135 FORT LAUDERDALE FL 33301 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.

**FILED** 

SIGNATURE: 2/20/02 305-577-700