

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90137 003 \*\*\*\*61.25

**DOCUMENT # N49149**

1. Entity Name

**PLANNED GIVING COUNCIL OF DADE COUNTY, INC.**



Principal Place of Business

**C/O JOHN ANZIVINO  
2699 S BAYSHORE DR. STE 500  
MIAMI FL 33133  
US**

Mailing Address

**C/O JOHN ANZIVINO  
2699 S BAYSHORE DR. STE 500  
MIAMI FL 33133  
US**

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 **65-0406749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAATTAMA, HENRY H JR  
C/O AKERMAN SENTERFITT & EDISON, P.A.  
ONE SE THIRD AVE, 28TH FLOOR  
MIAMI FL 33131**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **ZENOV, DARIN I**  
STREET ADDRESS **200 S BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33131-2398**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Lehrman, Richard**  
STREET ADDRESS **777 Arthur Godfrey Road, 4th Floor**  
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **D** ☐ Delete  
NAME **ANZIVINO, JOHN**  
STREET ADDRESS **2699 S. BAYSHORE DRIVE, #500**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VD** ☒ Change ☐ Addition  
NAME **DeCair, Rick**  
STREET ADDRESS **601 S.W. 8th Avenue**  
CITY-ST-ZIP **Miami, FL 33130**

TITLE **D** ☐ Delete  
NAME **CHASEN, JERRY E**  
STREET ADDRESS **420 LINCOLN RD**  
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Moskowitz Lazar, Beth**  
STREET ADDRESS **1428 Brickell Avenue, 4th Floor**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE **P** ☒ Delete  
NAME **CASALE, FRANK**  
STREET ADDRESS **BARRY UNIVERSITY, 11300 NE 2 AVE**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **VD** ☐ Delete  
NAME **LEHRMAN, RICHARD A**  
STREET ADDRESS **777 ARTHUR GODFREY RD 4TH FLR**  
CITY-ST-ZIP **MIAMI FL 33140**

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

TITLE **VD** ☒ Delete  
NAME **KAPLAN, GLORIA C**  
STREET ADDRESS **335 SW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL 33135**

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 I: Zenov 1/24/03 305-577-7000

CR2E037 (10/02)