

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50382

1. Entity Name

THE COOPER FAMILY FOUNDATION, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90209 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O VANOUTRYVE SECURITIES CORP.  
50 W. 34TH ST., SUITE 22-A-8  
NEW YORK NY 10001

C/O VANOUTRYVE SECURITIES CORP.  
50 W. 34TH ST., SUITE 22-A-8  
NEW YORK NY 10001-3093

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

65-0354458

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

GART, DAVID A  
C/O SHUTTS & BOWEN  
250 AUSTRALIAN AVE., S., SUITE 500  
WEST PALM BEACH FL 33401

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**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, FAY	
STREET ADDRESS	800 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPER, RICHARD	
STREET ADDRESS	1800 S OCEAN BLVD., APT 4B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, ARLENE	
STREET ADDRESS	6 WEST 77TH STREET, APT. 6B	
CITY-ST-ZIP	NEW YORK NY 10024	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Wendroff	
STREET ADDRESS	Buchbinder Tunick & Co.	
CITY-ST-ZIP	One Pennsylvania Plaza - Suite 5335 New York, N.Y. 10119-0219	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Arlene Cooper* **REQUIRED** ARLENE COOPER

1/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)