## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # N50382** 1. Entity Name THE COOPER FAMILY FOUNDATION, INC. 01-23-2001 90127 037 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O VANOUTRYVE SECURITIES CORP. C/O VANOUTRYVE SECURITIES CORP. ~~~~~~~ 50 W. 34TH ST., SUITE 22-A-8 50 W. 34TH ST., SUITE 22-A-8 NEW YORK NY 10001 NEW YORK NY 10001 2. Principal Place of Business 3. Mailing Address 50 West 34 Street 50 West 34 Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 18 - B - 8 Suite 18 - B City & State New York, N.Y,. Applied For 4. FEI Number City & State 65-0354458 New York, N.Y. Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 10001 IISA .... 10001 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GART, DAVID A C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 Zip Code WEST PALM BEACH FL 33401 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE ☐ Change TITLE ☐ Delete NAME WENDROFF, HARRY NAME ONE PENSYLVANIA STE 5335 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10119-0219 ☐ Delete TITLE Change ☐ Addition TITLE COOPER, RICHARD NAME COOPER, RICHARD NAME STREET ADDRESS 1800 S OCEAN BLVD., APT 4B STREET ADDRESS 408 So. Maya Palm Drive CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL Boca Raton, FL 33432 ☐ Delete TITLE Change ☐ Addition TITLE COOPER, ARLENE NAME NAME STREET ADDRESS STREET ADDRESS 6 WEST 77TH STREET, APT. 6B CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10024** TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

changed, or on an attachmer

SIGNATURE:

xecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if