

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90051 035 ****61.25

0092287

DOCUMENT # N93000004318

1. Entity Name

THE LISA AND ROGER GLADSTONE FAMILY FOUNDATION,

Principal Place of Business

Mailing Address

**%433 PLAZA REAL
 MIZNER PARK, SUITE 245
 BOCA RATON FL 33432**

**%433 PLAZA REAL
 MIZNER PARK, SUITE 245
 BOCA RATON FL 33432**

700065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0340354

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

**GLADSTONE, ROGER
 %433 PLAZA REAL
 MIZNER PARK, SUITE 245
 BOCA RATON FL 33432**

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

TITLE Delete

**D
 CARL E. SIEGEL
 5355 TOWN CENTER RD., STE 80
 BOCA RATON FL**

TITLE Delete

**D
 GLADSTONE, LISA
 433 PLAZA REAL, SUITE 245
 BOCA RATON FL 33432**

TITLE Delete

**D
 MARION CHASE
 433 PLAZA REAL, STE 245
 BOCA RATON FL**

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition

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 CITY-ST-ZIP

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01

CR2E037 (10/00)