

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90271 015 ****70.00

0082018

DOCUMENT # N93000005545



1. Entity Name
THE FRANK AND VERA FEROLA CHARITABLE FOUNDATION, INC.

Principal Place of Business: **10265 SHIREOAKS LN BOCA RATON FL 33498**
Mailing Address: **10265 SHIREOAKS LN BOCA RATON FL 33498**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0455975** 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

FEROLA, FRANK
10265 SHIREOAKS LN
BOCA RATON FL 33498

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: _____ (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	D	<input type="checkbox"/> Delete
NAME	FEROLA, FRANK	
STREET ADDRESS	10265 SHIREOAKS LN	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEROLA, VERA	
STREET ADDRESS	10265 SHIREOAKS LN	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEROLA, FRANC	
STREET ADDRESS	10265 SHIREOAKS LN	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEROLA, PETER	
STREET ADDRESS	10265 SHIREOAKS LN	
CITY-ST-ZIP	BOCA RATON FL 33498	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ROSALIND GREENSTEIN	
STREET ADDRESS	245 SWINTON AVE	
CITY-ST-ZIP	THROGSNECK, BRONX, N.Y. 10465	
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: *Vera Ferola* **VERA FEROLA** 1/12/03

CR2E037 (10/02)