

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000005782**

1. Entity Name  
**KAPLAN FAMILY FOUNDATION, INC.**



Principal Place of Business  
**4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137**

Mailing Address  
**4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137**



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0455791**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LANDE, STEPHEN C MR  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	LANDE, STEPHEN C
STREET ADDRESS	4200 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	KAPLAN, IAN
STREET ADDRESS	1717 N BAYSHORE DR STE 2000
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	KAPLAN, LINDA
STREET ADDRESS	1 PALM BAY CT APT 23-5
CITY-ST-ZIP	MIAMI, FL
TITLE	DC
NAME	KAPLAN, MORTON
STREET ADDRESS	1717 N BAYSHORE DR STE 2000
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SOLOMON, JACOB
STREET ADDRESS	4200 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	KAPLAN, HOWARD
STREET ADDRESS	1717 N BAYSHORE DRIVE, SUITE 2000
CITY-ST-ZIP	MIAMI, FL 33132

U00000262052  
03/14/05-80038-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05

986-866-8623