

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 033 ****70.00

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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



03012006 No Chg-NP CR2E037 (11/05)

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, 2006**

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
STEPHEN C. LANDE

3/9/06

Date

786-866-8623

Daytime Phone #