

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005782

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4200 BISCAYNE BOULEVARD  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-0455791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: LANDE, STEPHEN C  
Address: 4200 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: KAPLAN, IAN  
Address: 1717 N BAYSHORE DR STE 2000  
City-St-Zip: MIAMI, FL

Title: D  
Name: KAPLAN, LINDA  
Address: 1 PALM BAY CT APT 23-5  
City-St-Zip: MIAMI, FL

Title: DC  
Name: KAPLAN, MORTON  
Address: 1717 N BAYSHORE DR STE 2000  
City-St-Zip: MIAMI, FL

Title: D  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: KAPLAN, HOWARD  
Address: 1717 N BAYSHORE DRIVE, SUITE 2000  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN C. LANDE

DS

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date