## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9400000655

## THE MAX & EVELYN SCHACKNOW FOUNDATION, INC.

## FILED Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90163 035 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 TITLE NAME STRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SCHACKNOW, PAUL N STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SCHACKNOW, SHARMA J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SCHACKNOW, SHARMA J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE SCHACKNOW, SHARMA J STREET ADDRESS CITY-ST-ZIP TITLE SCHACKNOW, SHARMA J STREET ADDRESS CITY-ST-ZIP TITLE MACLEAN, FREDERICK R STREET ADDRESS CITY-ST-ZIP OPENANCE STREET ADDRESS CITY-ST-ZIP OPEN	11112 7717	or & EAFFILL COLLUCTUOL	1 001.0.11.011, 1110.			22 2021 20102 020	31.20		
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City & State   Replicated   Residence   Res	2. Principal P	Place of Business	3. Mailing Address					<b>   </b>	
ZP Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Political Country 5. Certificate of Status Desired   \$8.75 Additional Fee Political Fee Pol	Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
Zip Country Zip Country 5. Certificate of Status Desired \$9.75 Additional Five Required Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)  SchaCKNOW, MAX J 10481 NW 17TH ST PLANTATION FL 33322  City FL Zip Code 7. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida.  SIGNATURE Street Address (P.O. Box Number is Not Acceptable)  FILE NOW: FL Zip Code 7. The Address Avenue and the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE Street Address (P.O. Box Number is Not Acceptable)  FILE NOW: FE IS \$61.25  P.E. ENGRES AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DIRECTORS IN 10 DIRECTORS IN 10 DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Address Ad	City & State		City & State		4. FEI Numbe	EE-DAEAEDA			
6. Name and Address of Current Registered Agent  SCHACKNOW, MAX J 10481 NW 17TH ST PLANTATION FL 33322  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  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.	Zip Country		Zip .	Zip . Country			\$8.75 A	dditional	
SCHACKNOW, MAX J 1048 I NW 17TH ST PLANTATION FL 33322  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    FILE NOW: FEE IS \$61.25   POPTICERS AND DIRECTORS   Trust Fund Contribution.   S. Added to Piece   Added to		6 Name and Address of Current	Posistered Agent	L				red	
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R. 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  SUMMARY Speed or presed name of inguistered agent and stile if applicable  PILE NOW: FEE IS \$61.25  PILE NOW: FEE IS \$61.25  PILE NOW: FEE IS \$61.25  PLANTATION FL 33322  TITLE  DPT STREET ADDRESS  TITLE  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, EVELYN  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, PAUL N  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, PAUL N  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, PAUL N  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, PAUL N  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, PAUL N  STREET ADDRESS  CITY-ST-2IP  PLANTATION FL 33322  TITLE  DSCAACKNOW, SHARMA J  STREET ADDRESS  CITY-ST-2IP  PALM BEACH GARDENS FL 33418  CITY-ST-2IP  TITLE  DSCAACKNOW, SHARMA J  STREET ADDRESS  CITY-ST-2IP  TITLE  DSCAACKNOW, SHARMA J  STREET ADDRESS  CITY-ST-2IP  TITLE  SCHACKNOW, SHARMA J  STREET ADDRESS  CITY-ST-2IP  Addition  MALE  STREET ADDRESS  CITY-ST-2IP  TITLE  MAME  STREET ADDRESS  CITY-ST-2IP  Delete  MACE  MANE  STREET ADDRESS  CITY-ST-2IP  CITATION  Addition  MANE  STREET ADDRESS  CITY-ST-2IP  DAMACE  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  DAMACE  CITY-ST-2				Street Add	TESS (F.O. DOX INUTID	er is Not Acceptable)			
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SIGNATURE    Signature   Springer	9. The above	named antity submits this statement for	or the purpose of changing its	registered office or re	rejetered agent, or be				
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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									
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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 cath; that I am an officer or director of the corporation or the receiver of trustree empowered to enecute this report a 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 will like impowered.	of the cor	poration or the receiver or trustee emp	owered to execute this report	as required by Chapte	er 617, Florida Statute	s; and that my name appea	rs in Block 10	or Block 11 if	