

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90102 013 ****61.25

DOCUMENT # N94000002465

i. Entity Name

CHARLES S. AND SYLVIA WILLNER FAMILY FOUNDATION.

80008538



DO NOT WRITE IN THIS SPACE

Principal Place of Business TURNBERRY WAY #11A FL 33180-2536	Mailing Address 19500 TURNBERRY WAY APT. #11A MIAMI FL 33180-2536
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0530785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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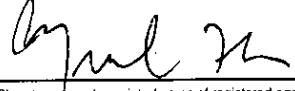
6. Name and Address of Current Registered Agent

MOSKOWITZ, HERMAN CPA
 450 N PARK RD.
 SUITE 410
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: **MICHAEL FISHER, CPA**
 Street Address (P.O. Box Number is Not Acceptable):
1900 NW CORPORATE BLVD #300 E
 City: **BOCA RATON, FL** Zip Code: **33431**

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:  DATE: **1/21/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTDM WILLNER, CHARLES S	<input type="checkbox"/> Delete
STREET ADDRESS	19500 TURNBERRY WAY., #11A	
CITY-ST-ZIP	MIAMI FL 33180-2536	
TITLE	SD WILLNER, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS	19500 TURNBERRY WAY., #11A	
CITY-ST-ZIP	MIAMI FL 33180-2536	
TITLE	D WILLNER, MORRIS	<input type="checkbox"/> Delete
STREET ADDRESS	19500 TURNBERRY WAY., #11A	
CITY-ST-ZIP	MIAMI FL 33180-2536	
TITLE	D WILLNER, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	19500 TURNBERRY WAY., #11A	
CITY-ST-ZIP	MIAMI FL 33180-2536	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:  DATE: **1/21/00** Daytime Phone #: **305-931-7469**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)