

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90055 044 ****61.25

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DOCUMENT # N94000002498

1. Entity Name

JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC

Principal Place of Business

Mailing Address

**3435 JOHNSON ST
 HOLLYWOOD FL 33021
 US**

**3435 JOHNSON ST
 HOLLYWOOD FL 33021
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0492343

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIPOS, DORIS K
 3435 JOHNSON ST
 HOLLYWOOD FL 33021**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	VCD	BRIZEL, HERBERT E MD	3501 JOHNSON ST HOLLYWOOD FL 33021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CD	LIVINGSTON, PETER A MD	3501 JOHNSON ST. HOLLYWOOD FL 33032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	STD	SCHUSTER, CARL E	200 E BROWARD BLVD FT LAUDERDALE FL 33301	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MD	SIPOS, DORIS K	3435 JOHNSON ST HOLLYWOOD FL 33021	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VCD	MASI, WENDY P	2401 LAGUNA DR. FORT LAUDERDALE FL 33316	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 of Peter A. Livingston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE