

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2002 8:00 am**
Secretary of State

05-24-2002 91264 035 ****61.25

DOCUMENT # N94000004947

1. Entity Name

THE A.L. LEVINE FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

% CAULEY GELLER BOWMAN & COATES LLP
2255 GLADES RD SUITE 421A
BOCA RATON FL 33431% CAULEY GELLER BOWMAN & COATES LLP
2255 GLADES RD SUITE 421A
BOCA RATON FL 33431

100410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0554692

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COATES, HOWARD
2255 GLADES RD SUITE 340W
BOCA RATON FL 33431Name
Howard K. Coates, Jr.

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

2255 Glades Road, Suite 421A

City

Boca Raton

FL

Zip Code
33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 D ☐ Delete
NAME ULLMANN, ANTHONY R
STREET ADDRESS 10 OLD JACKSON AVE
CITY-ST-ZIP HASTINGS NY 10706TITLE D ☐ Change ☐ Addition
NAME Arthur L. Levine
STREET ADDRESS Route 46 West
CITY-ST-ZIP West Paterson, NJ 07424TITLE CD ☐ Delete
NAME STEIGER, CAROLE ANN
STREET ADDRESS 263 MANOR RD
CITY-ST-ZIP RIDGEWOOD NJTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME STEIGER, ANDREW R.
STREET ADDRESS 70 APPLE RIDGE
CITY-ST-ZIP WOODCLIFF LAKE NJTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME STEIGER, ADAM J
STREET ADDRESS 66 TIMBERLANE RD
CITY-ST-ZIP UPPER SADDLE RIVER NJ 07458TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME STEIGER, DAVID L
STREET ADDRESS 185 E. 85TH STREET, APT. 32K
CITY-ST-ZIP NEW YORK NY 10028TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME LEVINE, PETER L
STREET ADDRESS ROUTE 46 WEST
CITY-ST-ZIP WEST PATERSON NJ 07424TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

973-696-4400

Date

Daytime Phone #

CR2E037 (9/01)