2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400006255

1. Entity Name

FRANK FAMILY FOUNDATION, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90128 042 ****61.25

Principal Plac	ce of Business	Mailing Address	L					
15832 DOUBLE DELRAY BEAC	E EAGLE TRAIL CH FL 33446	115 E MAUMEE ST ADRIAN MI 49221						
								LUSI 68U 1861
	Place of Business Double EAsle Trail	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			Пс	HECK HERE IF MAKING	CHANGES	3
City & Stat	to .	City & State						
Delray Beach					4. FEI Number 65	0549058		pplied For ot Applicable
Zip.	Country	Zip 3 3446	Country -		5. Certificate of Staff	us Desired 📗	8.75 Ad	lditional
٠,	6. Name and Address of Current				7. Name and Addre	ess of New Registered A		
	٠		Name)			•	
SAPIRO,	Marvin Ouble Eagle Trail		Street	Address (I	P.O. Box Number is No	t Acceptable)	••	
	BEACH FL 33446					·		
		•	City			FL	Zip Cod	de
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office	or register	ed agent, or both, in th		miliar with	and accept
	ions of registered agent.	and purpose of one igning to	rogioloroa omes	o, regionor	od agont, or both, in a	is state of Frenda. Tame	# (III) C.2. ***(C) ;	, and adopt
CICNIATURE								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	nature required	when reinstating)	DATE		
ı	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing ontribution.	, 	\$5.00 May Be Added to Fees	Make Check Florida Departi		
10.	OFFICERS AND DIF		_		i i			- 1
	0.1.702.70.7770.01	RECTORS	11.	A	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	N 10
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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 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: GENERATERS

EVENATERS AFOR DREMLINE J Lapu

1-13-03-561-498-2737