

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

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

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

DOCUMENT # N94000006255

1. Entity Name
FRANK FAMILY FOUNDATION, INC.



Principal Place of Business
**15832 DOUBLE EAGLE TRAIL
DELRAY BEACH FL 33446**

Mailing Address
**115 E MAUMEE ST
ADRIAN MI 49221**

2. Principal Place of Business
15832 Double Eagle Trail

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Delray Beach

City & State

Zip
FL

Country
?

Zip
33446

Country

4. FEI Number **65-0549058**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SAPIRO, MARVIN
15832 DOUBLE EAGLE TRAIL
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAPIRO, MARVIN	
STREET ADDRESS	15832 DOUBLE EAGLE TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPIRO, GLORIA	
STREET ADDRESS	15832 DOUBLE EAGLE TRAIL	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPIRO, BRUCE A	
STREET ADDRESS	3315 THORNHILL DR	
CITY-ST-ZIP	ADRIAN MI 49221	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLUCCI, ROBYN L	
STREET ADDRESS	21084 VIA EDEN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPIRO, BRUCE A	
STREET ADDRESS	3104 E. Capicora Way	
CITY-ST-ZIP	Chandler, AZ 85249	
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: **G. SIGNATURES REQUIRED** *Marvin J Sapiro* 1-13-03-561-448-237

CR2E037 (10/02)