

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

4. FEI Number **65-0549058**

Applied For
Not Applicable

Zip

FL

Country

7

Zip

33446

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SAPIRO, MARVIN**
STREET ADDRESS **15832 DOUBLE EAGLE TRAIL**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SAPIRO, GLORIA**
STREET ADDRESS **15832 DOUBLE EAGLE TRAIL**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SAPIRO, BRUCE A**
STREET ADDRESS **3315 THORNHILL DR**
CITY-ST-ZIP **ADRIAN MI 49221**

TITLE **D** ☒ Change ☐ Addition
NAME **SAPIRO, BRUCE A**
STREET ADDRESS **3104 E. Capicora Way**
CITY-ST-ZIP **Chandler, AZ 85249**

TITLE **D** ☐ Delete
NAME **COLUCCI, ROBYN L**
STREET ADDRESS **21084 VIA EDEN**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: **G. SAPIRO** **1-13-03-561-448-237**

CR2E037 (10/02)