

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 013 ****61.25

DOCUMENT # N94000006326

1. Entity Name

BURTON & BEATRICE DERMER FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

1180 S OCEAN BLVD APT 8E
 BOCA RATON FL 33432

1180 S OCEAN BLVD APT 8E
 BOCA RATON FL 33432-7663

710830



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

65-0551008

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

DERMER, BURTON
1180 S OCEAN BLVD APT 8E
BOCA RATON FL 33432

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	DERMER, BURTON
STREET ADDRESS	1180 S OCEAN BLVD 8E
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input type="checkbox"/> Delete
NAME	DERMER, BEATRICE
STREET ADDRESS	1180 S OCEAN BLVD 8E
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	D <input type="checkbox"/> Delete
NAME	DERMER, MICHAEL
STREET ADDRESS	1108 PARK AVE GF
CITY-ST-ZIP	HOBOKEN NJ 07030
TITLE	D <input type="checkbox"/> Delete
NAME	DERMER, DANIEL
STREET ADDRESS	1108 PARK AVE GF
CITY-ST-ZIP	HOBOKEN NJ
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 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

Date

Daytime Phone #

Burton D. Demmer
SIGNATURE REQUIRED
Demmer

2/1/00 561361-09