

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000564

1. Entity Name

NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDAT

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90013 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD  
MIAMI FL 33137

4200 BISCAYNE BLVD  
MIAMI FL 33137-3210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0559960

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

ROSE, STEPHEN E  
4200 BISCAYNE BLVD.  
MIAMI FL 33137

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 PD ☐ Delete  
NAME GANZ, NANCY  
STREET ADDRESS 2800 ISLAND AVE., APT. 1705  
CITY-ST-ZIP AVENTURA FL 33160

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

TITLE VPD ☐ Delete  
NAME GANZ, CHARLES  
STREET ADDRESS 2875 N.E. 19 STREET  
CITY-ST-ZIP N. MIAMI BEACH FL 33180

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

TITLE VPSD ☐ Delete  
NAME SOLOMON, JACOB  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE VPTD ☐ Delete  
NAME GILBERT, ROBERT  
STREET ADDRESS 133 SEVILLA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D ☐ Delete  
NAME HABIB, STEVEN  
STREET ADDRESS 2601 S. BAYSHORE DRIVE, #1450  
CITY-ST-ZIP MIAMI FL 33133

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

TITLE D ☐ Delete  
NAME BERCOW, JEFFREY  
STREET ADDRESS 200 S. BISCAYNE BLVD. #3300  
CITY-ST-ZIP MIAMI FL 33131

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)