

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

002332

04-01-2002 90028 003 \*\*\*\*70.00

**DOCUMENT # N95000000564**

1. Entity Name

**NANCY AND CHARLES GANZ FAMILY SUPPORTING FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**4200 BISCAYNE BLVD  
MIAMI FL 33137****4200 BISCAYNE BLVD  
MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0559960**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SELTZER, ROBERT A  
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	<input type="checkbox"/> Delete
NAME	GANZ, NANCY	
STREET ADDRESS	2800 ISLAND AVE., APT. 1705	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GANZ, CHARLES	
STREET ADDRESS	2875 N.E. 19 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SOLOMON, JACOB	
STREET ADDRESS	4200 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GILBERT, ROBERT	
STREET ADDRESS	133 SEVILLA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	HABIB, STEVEN	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, #1450	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERCOW, JEFFREY	
STREET ADDRESS	200 S. BISCAYNE BLVD. #3300	
CITY-ST-ZIP	MIAMI FL 33131	

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	<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	<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:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (9/01)