

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90181 004 ***61.25

DOCUMENT # N95000004021

1. Entity Name

THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, IN

Principal Place of Business

Mailing Address

**340 SOUTH PALM AVENUE, UNIT 55
 SARASOTA FL 34236
 US**

**340 SOUTH PALM AVENUE, UNIT 55
 SARASOTA FL 34236
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0606828

Applied For

Not Applicable

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

**ABEL, HARVEY J
 340 SO PALM AVE
 APT 55
 SARASOTA FL 34236**

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 NAME	DST ABEL, MARCIA K	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	340 S PALM AVE, APT 55 SARASOTA FL 34236	
TITLE NAME	DP ABEL, HARVEY J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	340 S PALM AVE APT 55 SARASOTA FL 34236	
TITLE NAME	DV ABEL, SARALYN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	180 ISLAND CIRCLE SARASOTA FL 34242	
TITLE NAME	D ABEL, JONATHAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	340 S PALM AVE APT 55 SARASOTA FL 34236	
TITLE NAME	D BELLPIZZO, BETH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3127 VILLAGE GREEN DR. SARASOTA FL 34239	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

HARVEY J. ABEL PRES. 1/18/01 (941)362-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE