

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90032 048 \*\*\*\*61.25

**DOCUMENT # N95000004021**

1. Entity Name

**THE MARCIA AND HARVEY ABEL FAMILY FOUNDATION, INC.**

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

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

**HARVEY J. ABEL, PRES. 1/5/02 (41)362-4130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)