## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #N9.50004606v

Corporation Name

The Clifford and Jill Viner Family Foundation; Inc.

Principal Place of Business

Mailing Address

5052 Sanctuary Lane Boca Ratona FL 33431

5052 Sanctuary Lane Boca Raton, FL 33431

## FILED Jul 09, 1999 8:00 am Secretary of State

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2. Principal Pl	ncipal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
1		26						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	4. FEI Number Applied   Applied			
2		27				No	t Applicable	
City & State City & State					5. Certifcate of Status Desired	<b>,</b>	\$8.75 Additional	
3					5. Certificate of Status Desired	Fee Re	quired	
			Count	у	6. Election Campaign Financing	\$5.00	Mav Be	
‡ 25 29 30			30		Trust Fund Contribution	Added to	o Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	stered Agent		
			8	1 Name			ĺ	
Jeffrey A. Deutch				92 Shoot Addrson (D.O. Boy Number is Not Assentable)				
7777 Glades Road, Suite 300				82 Street Address (P.O. Box Number is Not Acceptable)				
Boca Raton, FL 33434				3				
	•		1					
			8	4 City		FL 85 Zip C	ode	
				L			-naistarad	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I ar	m familiar with, and accept the obligation	ons of, Section 617.0503, Flori	ida Statute	s.				
NONATURE								
MOINTOIL .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: )		ent signature n		ATE		
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TLE	Director	☐ DELETE	1.1 TITLE			☐ Change	Addition	
AME )	Clifford A. Vine	2r	1.2 NAME	· \				
TREET ADDRESS			1.3 STRE	ET ADORESS				
TY-\$T-ZIP	Boca Raton, FL		1.4 CITY-	ST-ZIP				
TLE	Director	□ DELETE	2.1 TITLE			Change	Addition	
AME			2.2 NAME	:				
TREET ADDRESS	OTIT ATHEL		2.3 STRE	ET ADDRESS				
1	5052 Sanctuary I		2.4 CITY	I				
TY-ST-ZIP	Boca Raton, FL Director	JJ431 DELETE	3.1 TITLE			☐ Change	☐ Addition	
		<del>-</del> ···	3.2 NAME			-		
AME	derred in beacen							
REET ADDRESS	iii diddob Roddy Dailed 300			ET ADDRESS				
TY-ST-ZIP	Boca Raton, FL	33434 ☐ DELETE	3.4. CITY			Change	Addition	
L/E			4.1 TITLE					
WE			4. 2 NAM					
REET ADDRESS				ET ADDRESS				
TY-ST-ZIP			4.4 CITY					
nle.			5.1 TITLE		·	☐ Change	Addition	
ME			5.2 NAME					
REET ADDRESS			5.3 STRE	ET ADDRESS			Ì	
TY-ST-ZIP			5.4 CITY-	ST-ZIP				
TLE		☐ DELETE	6.1 TTLE			☐ Change	Addition	
ν <b>ME</b>			6.2 NAME				Ì	
REET ADDRESS			6.3 STRE	ET ADDRESS				
TV ST_7IP			6.4 CITY-	ST-ZIP				

4. 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 annual report or supplemental annual 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 receives or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

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KZEU3/ (11/98)